Evidence Table 1: Diabetes

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Allen BT, 1990 (#2201)	Diabetes (Type II) RCT Jadad Score: 3 Diagnostic criteria: FBS Comorbidities: Obesity and cholesterol	1	Dietary monitoring (Office visit) Education (Office visit) Education (One-on-one) Education (Reading material) Exercise diary (Office visit) Feedback (Office visit) Practice methods (Protocols) n Entered: n/a n Analyzed: 27	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	Excluded from meta-analysis as no usual care or comparable control group. Patients who self monitored diabetes using urine testing (arm 1) had similar statistically significant reductions in fasting blood glucose, glycosylated hemoglobin, and weight as did patients utilizing serum glucose testing (arm 2). No appreciable differences between groups were noted.
		2	Dietary monitoring (Office visit) Education (Office visit) Education (One-on-one) Education (Reading material) Exercise diary (Office visit) Feedback (Office visit) Practice methods (Protocols) n Entered: n/a n Analyzed: 27	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	Follow-up times: 1 MO, 2 MO, 3 MO, 4 MO, 5 MO, 6 MO
Anderson R M, 1995 (#747)	Diabetes (n/a) CCT Jadad Score: 0 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: n/a n Analyzed: 23	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Patients receiving a patient empowerment education program (arm 2) had reductions in glycosylated hemoglobin that were greater than controls and were statistically significant (p=0.05). Intervention subjects also improved in all self-efficacy sub-scales, which were sustained at 12-week follow-up.
		2	Education (Group meeting) Education (Video/audio tapes) Feedback (Group meeting) n Entered: n/a n Analyzed: 22	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No n/a	Follow-up times: 6 WK, 12 WK

N/A = Not Available or Not Applicable
NOS = Not Otherwise Specified
* Unless otherwise specified, Mean (Standard Deviation) reported.

Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Anon, DICET, 1994 (#2614)	Diabetes (Types I and II) RCT Jadad Score: 2 Diagnostic criteria: n/a Comorbidities: Hypertension, neuropathy, and cholesterol	1	Control (n/a) Reminders (Mail) n Entered: 135 n Analyzed: 111	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. Patients randomized to intervention (arm 2) had a greater number of MD evaluations but no difference in diabetes related hospitalizations compared with controls (arm 1). BMI trends were higher in intervention patients compared with controls, but there were no treatment differences in glycosylated hemoglobin, systolic or diastolic blood pressure. There were also no significant differences in diabetes knowledge, anxiety, depression, satisfaction with treatment or self reported well-being. Follow-up times: 2 YR
		2	Practice methods (Reading material) Reminders (Computer program) Reminders (Mail) n Entered: 139 n Analyzed: 124	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	
Arseneau D L, 1994 (#749)	Diabetes (Type II) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Education (Group meeting) Education (Instructional manuals) n Entered: 20 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes No No n/a	Excluded from meta-analysis as no usual care or comparable control group. Though knowledge and% ideal body weight significantly improved for Learning Activity Packages (arm 1) at 5 months and HgbA1c and behavior improved for diabetes class arm, only knowledge scores were significantly higher at 5 months for the LAP arm. Follow-up times: 2 MO, 5 MO
		2	Education (Group meeting) Education (Office visit) n Entered: 20 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes No No n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Aubert RE, 1998 (#2581)	Diabetes (Types I and II) RCT Jadad Score: 1 Diagnostic criteria: MD Comorbidities: Obesity, DM, tobacco abuse, and cholesterol	1	Control (n/a) Advocacy training (One-on-one) Counseling/therapy (One-on-one) Education (Group meeting) Follow up (One-on-one) n Entered: 67 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. Intervention subjects (arm 2) had greater decreases in HbA1c levels than those receiving usual care (arm 1) (1.7% versus 0.6% p<0.01). Fasting serum glucose was lower in intervention subjects by a mean of 48 mg/dl versus 15 mg/dl (p=0.003). Self-rated health also improved in the intervention group (p=0.02). Follow-up times: 6 MO, 12 MO
		2	Advocacy training (One-on-one) Consultation w/specialists (Protocols) Counseling/therapy (One-on-one) Counseling/therapy (Telephone) Education (Group meeting) Education (One-on-one) Follow up (One-on-one) n Entered: 71 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	
Bethea DC, 1989 (#2105)	Diabetes (Types I and II) CCT Jadad Score: 0 Diagnostic criteria: n/a Comorbidities: n/a	1	Control (n/a) Education (One-on-one) Education (Reading material) n Entered: 12 n Analyzed: 12	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Use of videotape instruction (arm 2) resulted in similar diabetes knowledge levels compared with conventional instruction in hospitalized patients (arm 1). Follow-up times: 45 MI
		2	Education (One-on-one) Education (Reading material) Education (Video/audio tapes) n Entered: 12 n Analyzed: 12	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No No n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Bloomgarden ZT, 1987 (#2172)	Diabetes (Types I and II) RCT Jadad Score: 2 Diagnostic criteria: n/a Comorbidities: Heart disease, hypertension, kidney disease, tobacco abuse, cholesterol and retinopathy	1	Usual Care (n/a) n Entered: 180 n Analyzed: 139	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Follow-up time not in 3 - 12 months. Though subjects randomized to an education intervention (arm 2) demonstrated increased knowledge compared with usual care group (arm 1) (p=0.007) and had significant reductions in HbA1c and fasting blood glucose, these reductions in biochemical markers were not significantly greater than in the usual care group. There were also no changes in cholesterol, blood pressure, or foot lesions and health service utilization was unaffected. Follow-up times: 18 MO
		2	Education (Group meeting) Education (Other mechanisms) Education (Video/audio tapes) n Entered: 165 n Analyzed: 127	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Boehm S, 1993 (#754)	Diabetes (Type II)	1	Usual Care (n/a)	Tailored:	n/a	Insufficient statistics for meta-analysis.
				Group Setting:	n/a	
	RCT		n Entered: 41	Feedback:	n/a	Behavioral strategy interventions (arms 2, 3 and 4) resulted in no differences in glycosylated hemoglobin and weight loss between intervention and control groups.
			n Analyzed: 41	Psychological:	n/a	
	Jadad Score: 1			Primary MD:	n/a	
	Diagnostic criteria: n/a	2	Cognitive-behavioral (Office visit)	Tailored:	Yes	Follow-up times: n/a
			Contracts (Office visit)	Group Setting:	No	
			Material incentive (Other mechanisms)	Feedback:	Yes	
	Comorbidities: n/a			Psychological:	Yes	
			n Entered: 32	Primary MD:	No	
			n Analyzed: 32			
		3	Cognitive-behavioral (Office visit)	Tailored:	Yes	
			Contracts (Office visit)	Group Setting:	No	
			Feedback (Office visit)	Feedback:	Yes	
			Material incentive (Other mechanisms)	Psychological:	Yes	
				Primary MD:	No	
			n Entered: 42			
			n Analyzed: 42			
		4	Cognitive-behavioral (Office visit)	Tailored:	Yes	
			Contracts (Office visit)	Group Setting:	Yes	
			Education (Group meeting)	Feedback:	Yes	
			Education (Instructional manuals)	Psychological:	Yes	
			Feedback (Office visit)	Primary MD:	No	
			Material incentive (Other mechanisms)			
			n Entered: 41			
			n Analyzed: 41			

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Campbell EM, 1996 (#2586)	Diabetes (Type II) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: Hypertension and tobacco abuse	1	Control (n/a) Education (One-on-one) n Entered: 59 n Analyzed: 59	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Control (arm 1) were more likely to have an increase in intensity of diabetes treatment at 6-month follow-up (p=0.04) than intervention subjects (arms 2, 3, and 4). Behavior program (arm 4) and group education (arm 2) patients had greater improvement in knowledge scores at 6-month follow-up, but differences were not sustained at 12 months. Greater reductions in diastolic blood pressure were seen for those attending behavioral interventions (p=0.02). No difference in change between groups occurred for HbA1c, BMI, total cholesterol, or systolic blood pressure. Follow-up times: 3 MO, 6 MO, 12 MO
		2	Education (Group meeting) Education (One-on-one) n Entered: 66 n Analyzed: 38	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	
		3	Education (Group meeting) Education (One-on-one) n Entered: 57 n Analyzed: 34	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	
		4	Cognitive-behavioral (Home visit) Cognitive-behavioral (One-on-one) Cognitive-behavioral (Telephone) Contracts (One-on-one) Education (One-on-one) Feedback (One-on-one) Social support (n/a) n Entered: 56 n Analyzed: 51	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
D'Eramo-Melkus GA, 1992 (#2202)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: HgbA1C and GTT Comorbidities: Obesity	1	Control (n/a) Education (n/a) n Entered: 28 n Analyzed: 19	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Fasting blood glucose (mM) at 6 months: Arm 1 = 12.2 (5.5) Arm 2 = 9.5 (3.6) Arm 3 = 9.0 (3.0) HbA1 (%) at 6 months: Arm 1 = 10.5 (3.2) Arm 2 = 9.2 (3.3) Arm 3 = 8.3 (2.7) Weight (lbs) at 6 months: Arm 1 = 205.1 (25.6) Arm 2 = 200.7 (30.4) Arm 3 = 191.8 (31.7) Follow-up times: 3 MO, 6 MO
		2	Education (Group meeting) Education (One-on-one) Education (n/a) Goal setting (Group meeting) n Entered: 28 n Analyzed: 19	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No No	
		3	Counseling/therapy (One-on-one) Education (Group meeting) Education (One-on-one) Education (n/a) Goal setting (Group meeting) n Entered: 26 n Analyzed: 19	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	
de Bont AJ, 1981 (#2210)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: n/a Comorbidities: Obesity and tobacco abuse	1	Control (n/a) Counseling/therapy (Home visit) Counseling/therapy (n/a) n Entered: n/a n Analyzed: 65	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. Patients in both intervention group (arm 2) and control group (arm 1) lost weight. Though cholesterol levels fell significantly in the low fat group (arm 2) ($p<0.001$), mean plasma glucose and HbA1c remained unchanged. Follow-up times: 6 MO
		2	Counseling/therapy (Home visit) Counseling/therapy (n/a) n Entered: n/a n Analyzed: 65	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Emori KH, 1964 (#2118)	Diabetes (Type II)	1	Usual Care (n/a)	Tailored:	n/a	Follow-up time not in 3 - 12 months.
				Group Setting:	n/a	
	RCT		n Entered: 13	Feedback:	n/a	Intervention subjects (arm 2) had greater knowledge (p<0.005) and lower glycosylated levels (10.4% versus 11.8%, p<0.05) than usual care group (arm 1) did at 4-6 weeks after the program concluded. Change in body weight was not different between groups.
			n Analyzed: 13	Psychological:	n/a	
	Jadad Score: 2			Primary MD:	n/a	
	Diagnostic criteria: MD	2	Education (One-on-one)	Tailored:	Yes	
			Education (Reading material)	Group Setting:	No	
			Education (Video/audio tapes)	Feedback:	No	
	Comorbidities: Obesity			Psychological:	No	Follow-up times: 5 DY, 4 WK
			n Entered: 13	Primary MD:	No	
			n Analyzed: 13			
Falkenberg MG, 1986 (#2190)	Diabetes (Type II)	1	Control (n/a)	Tailored:	n/a	HbA1 (%) at 6 months:
			Education (Group meeting)	Group Setting:	n/a	Arm 1 = 8.1 (1.0)
	RCT			Feedback:	n/a	Arm 2 = 7.2 (0.9)
			n Entered: 18	Psychological:	n/a	
	Jadad Score: 2		n Analyzed: 22	Primary MD:	n/a	Follow-up times: 3 MO, 9 MO
	Diagnostic criteria: n/a	2	Education (Group meeting)	Tailored:	Yes	
			Education (Instructional manuals)	Group Setting:	Yes	
				Feedback:	No	
	Comorbidities: Obesity		n Entered: 27	Psychological:	No	
			n Analyzed: 22	Primary MD:	No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Frost G, 1994 (#791)	Diabetes (Type II)	1	Usual Care (n/a)	Tailored:	n/a	Fasting blood glucose (mmol/L) at 12 weeks:
				Group Setting:	n/a	Arm 1 = 9.8 (3.1)
	RCT		n Entered: 30	Feedback:	n/a	Arm 2 = 9.6 (3.0)
			n Analyzed: 25	Psychological:	n/a	
	Jadad Score: 3			Primary MD:	n/a	Weight (kg) at 12 weeks:
						Arm 1 = 82.9 (14.8)
	Diagnostic criteria: n/a	2	Counseling/therapy (Instructional manuals)	Tailored:	Yes	Arm 2 = 84.8 (23.5)
				Group Setting:	No	
			Counseling/therapy (Reading material)	Feedback:	No	Follow-up times: 4 WK, 12 WK
	Comorbidities: n/a		Dietary monitoring (Instructional manuals)	Psychological:	Yes	
			Dietary monitoring (Office visit)	Primary MD:	No	
			n Entered: 30			
			n Analyzed: 25			
Glasgow RE/Toobert DJ, 1989 (#2209)	Diabetes (Type II)	1	Usual Care (n/a)	Tailored:	n/a	Insufficient statistics for meta-analysis.
				Group Setting:	n/a	
	RCT		n Entered: 22	Feedback:	n/a	Individuals participating in 2 nutrition groups
			n Analyzed: 18	Psychological:	n/a	(arms 2 and 3) demonstrated decreased caloric
	Jadad Score: 1			Primary MD:	n/a	intake compared with usual care group (arm 1).
						The addition of a social learning program (arm
	Diagnostic criteria: HgbA1C and MD	2	Education (Group meeting)	Tailored:	Yes	3) had a significant decrease in weight at 2-
				Group Setting:	Yes	month follow-up. Intervention conditions
			n Entered: 20	Feedback:	No	produced a marginal improvement in fasting
	Comorbidities: n/a		n Analyzed: 20	Psychological:	No	blood glucose (p<0.08).
				Primary MD:	No	
						Follow-up times: 2 MO, 2 MO
		3	Dietary monitoring (Group meeting)	Tailored:	Yes	
			Education (Group meeting)	Group Setting:	Yes	
				Feedback:	No	
			n Entered: 23	Psychological:	No	
			n Analyzed: 23	Primary MD:	No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Glasgow RE, 1992 (#2212)	Diabetes (Type II) RCT Jadad Score: 1 Diagnostic criteria: Welborn Comorbidities: Heart disease and arthritis	1	Usual Care (n/a) n Entered: 50 n Analyzed: 52	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Glycosolated hemoglobin (%) at 6 months: Arm 1 = 6.4 (1.4) Arm 2 = 6.7 (1.7) Weight (lbs) at 6 months: Arm 1 = 181.0 (34.7) Arm 2 = 186.1 (32.6) Follow-up times: 10 WK
		2	Cognitive-behavioral (Group meeting) Education (Group meeting) Exercise program (Group meeting) n Entered: 52 n Analyzed: 52	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
Glasgow R E, 1996 (#799)	Diabetes (Types I and II) RCT Jadad Score: 2 Diagnostic criteria: MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Patients who received a brief intervention (arm 2) had no improvement in HbA1C at 3-month follow-up when compared with usual care group (arm 1). However serum cholesterol was significantly lower (p<0.001) in the intervention group as were 4 dietary behavioral measures. Though patient satisfaction was improved, quality of life was not. Follow-up times: 3 MO
		2	Clinical reviews w/patient (Telephone) Consultation w/specialists (Office visit) Education (Reading material) Education (Video/audio tapes) Feedback (Computer program) Reminders (Telephone) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No Yes	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Greenfield S, 1988 (#803)	Diabetes (n/a) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Control (n/a) Clinical reviews w/patient (One-on-one) Education (Office visit) Education (Reading material) n Entered: 34 n Analyzed: 33	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	HbA (%) at 12 weeks: Arm 1 = 10.6 (2.2) Arm 2 = 9.1 (1.9) Follow-up times: 12 WK
		2	Advocacy training (Office visit) Clinical reviews w/patient (Office visit) Education (Reading material) n Entered: 39 n Analyzed: 33	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Hanefield M, 1991 (#2595)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: FBS and GTT Comorbidities: Hypertension, obesity, tobacco abuse, and hyperlipoproteinemia	1	Control (n/a) Counseling/therapy (Office visit) Reminders (Office visit) n Entered: 378 n Analyzed: 346	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. Intervention subjects (arms 2 and 3) reported greater physical activity than controls (arm 1) at 5-year follow-up (p<0.01). Intervention subjects also had better control of glucose and lower systolic blood pressure (143 versus 154 mmHg, p<0.01) and required fewer antidiabetic drugs. Though no differences between groups were noted for myocardial infarction incidence, cumulative incidence mortality rates suggested a benefit from intervention.
		2	Clinical reviews w/patient (One-on-one) Counseling/therapy (Office visit) Education (Group meeting) Education (Reading material) Placebo medication (n/a) Reminders (Office visit) n Entered: 382 n Analyzed: 328	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	Follow-up times: 2 YR, 5 YR
		3	Cholesterol lowering medication (n/a) Clinical reviews w/patient (One-on-one) Counseling/therapy (Office visit) Education (Group meeting) Education (Reading material) Reminders (Office visit) n Entered: 379 n Analyzed: 334	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Hassell J, 1975 (#2121)	Diabetes (n/a)	1	Control (n/a) Education (One-on-one)	Tailored: Group Setting: Feedback:	n/a n/a n/a	Excluded from meta-analysis as no relevant outcomes.
	RCT		n Entered: 24	Psychological:	n/a	Classroom teaching methods (arm 2) resulted in
	Jadad Score: 2		n Analyzed: 22	Primary MD:	n/a	greater diabetes knowledge compared with traditional bedside teaching methods (arm 1)
	Diagnostic criteria: n/a	2	Education (Group meeting)	Tailored: Group Setting:	No Yes	(77% post-test scores compared with 56%).
			n Entered: 21	Feedback:	No	Follow-up times: n/a
	Comorbidities: n/a		n Analyzed: 19	Psychological: Primary MD:	No No	
Hoskins PL, 1993 (#2597)	Diabetes (Types I and II)	1	Control (n/a) Education (n/a)	Tailored: Group Setting: Feedback:	n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group.
	RCT		n Entered: 65	Psychological:	n/a	Subjects who participated in a system of care
	Jadad Score: 1		n Analyzed: 65	Primary MD:	n/a	shared between specialist and generalist (arm 2) had significantly greater visit compliance than
		2	Education (n/a) Practice methods (Protocols) Reminders (n/a) (Care provided by specialists and generalists)	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	those with generalists alone (arm 3) (72% versus 35%, p<0.04). HbA1c improved significantly in all 3 groups but no differences between groups were noted. Nor were there blood pressure differences between groups and weight decreased marginally in all 3 groups
	Diagnostic criteria: MD					
	Comorbidities: Hypertension and obesity		n Entered: 69 n Analyzed: 69			though this was statistically significant only in the shared care group (arm 2) (p<0.04).
		3	Education (n/a) Practice methods (Protocols) (Care provided by generalists alone)	Tailored: Group Setting: Feedback: Psychological:	Yes No No No	Follow-up times: 1 YR
			n Entered: 72 n Analyzed: 72	Primary MD:	n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Jaber LA, 1996 (#2598)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: n/a Comorbidities: Hypertension, obesity, and hyperlipedemia	1	Usual Care (n/a) n Entered: 22 n Analyzed: 17	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Fasting blood glucose (mmol/L) at 4 months: Arm 1 = 11.0 (3.9) Arm 2 = 8.5 (2.3) Glycated hemoglobin (%) at 4 months: Arm 1 = 12.1 (3.7) Arm 2 = 9.2 (2.1) Follow-up times: 4 MO
		2	Consultation w/specialists (One-on-one) Counseling/therapy (One-on-one) Education (One-on-one) Education (Reading material) Feedback (One-on-one) n Entered: 23 n Analyzed: 17	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	
Jennings PE, 1987 (#2126)	Diabetes (Type I) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: 30 n Analyzed: 30	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	HbA1 level (%) at 12 months: Arm 1 = 10.9 (2.3) Arm 2 = 9.9 (2.3) Follow-up times: 6 MO, 12 MO
		2	Patient directed discussion group (Group meeting) n Entered: 30 n Analyzed: 30	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Kaplan, 1985 (#2817)	Diabetes (Type II) RCT Jadad Score: 1 Diagnostic criteria: FBS and MD Comorbidities: Obesity	1	Control (n/a) Education (Group meeting) n Entered: n/a n Analyzed: 15	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Those participating in the diet intervention (arm 2) lost more weight than the other 3 groups (arms 1, 3, and 4) (p<0.05). HDL cholesterol was also significantly higher in this group (p<0.01). No differences in glycosylated hemoglobin between groups were noted. Follow-up times: 3 MO
		2	Cognitive-behavioral (Group meeting) Dietary monitoring (Self-delivery) Education (Group meeting) n Entered: n/a n Analyzed: 16	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
		3	Cognitive-behavioral (Group meeting) Contracts (Group meeting) Exercise diary (Self-delivery) Exercise program (Group meeting) n Entered: n/a n Analyzed: 18	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	
		4	Cognitive-behavioral (Group meeting) Contracts (Group meeting) Dietary monitoring (Self-delivery) Education (Group meeting) Exercise diary (Self-delivery) Exercise program (Group meeting) n Entered: . n Analyzed: 16	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Kaplan RM, 1987 (#2175)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: FBS and MD Comorbidities: Obesity	1	Control (n/a) Education (Group meeting) Education (n/a) Financial incentives (Group meeting) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. At 18-months follow-up diabetic patients receiving behavioral interventions in a combined diet and exercise program (arms 2, 3, and 4) achieved greater reductions in glycosylated hemoglobin than those receiving only diet, exercise, or control interventions (arm 1) (p<0.05). Changes between other interventions were not significant. Improvements in quality of life measures were also greatest in the combined group (arm 2) (p<0.05). Follow-up times: 3 MO, 6 MO, 12 MO, 18 MO
		2	Cognitive-behavioral (Group meeting) Dietary monitoring (Other mechanisms) Education (n/a) Exercise program (Group meeting) Feedback (Group meeting) Financial incentives (Group meeting) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	
		3	Cognitive-behavioral (Group meeting) Contracts (Group meeting) Education (Group meeting) Exercise program (Group meeting) Feedback (Group meeting) Financial incentives (Group meeting) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
		4	Cognitive-behavioral (Group meeting) Dietary monitoring (Group meeting) Education (n/a) Exercise program (Group meeting) Financial incentives (Group meeting) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	
Kendall PA, 1990 (#2207)	Diabetes (Type II) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Education (Group meeting) Education (Instructional manuals) Education (Video/audio tapes) n Entered: n/a n Analyzed: 41	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No n/a	Excluded from meta-analysis as no usual care or comparable control group. Both diet guide (arm 1) and exchange lists treatment group (arm 2) demonstrated significantly higher levels of self-efficacy compared with their pre-workshop scores (p<0.05). Knowledge scores were also significantly higher in both groups (p<0.01). Applied nutrition knowledge scores were however greater for the diet guide group (p<0.01). Follow-up times: 3 MO, 6 MO
		2	Education (Group meeting) Education (Reading material) Education (Video/audio tapes) n Entered: n/a n Analyzed: 42	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No n/a	
Kinmonth AL, 1998 (#2599)	Diabetes (Type II) RCT Jadad Score: 1	1	Control (n/a) Education (Group meeting) n Entered: 161 n Analyzed: 108	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. The intervention group (arm 2) reported better communication with doctors, greater treatment satisfaction and sense of well-being. BMI and

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
	Diagnostic criteria: MD Comorbidities: Heart disease, hypertension, obesity, and tobacco abuse	2	Advocacy training (Reading material) Education (Group meeting) Education (Instructional manuals) Practice methods (Group meeting) n Entered: 199 n Analyzed: 142	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	triglyceride concentrations were, however, lower in the intervention group (arm 2) then in the control group (arm 1). Follow-up times: 1 YR
Korhonen T, 1983 (#2259)	Diabetes (n/a) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Control (n/a) Clinical reviews w/patient (Office visit) Education (One-on-one) Education (Reading material) n Entered: 38 n Analyzed: 37	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Fasting blood glucose (mmol/L) at 6 months: Arm 1 = 7.9 (3.6) Arm 2 = 8.3 (3.6) Follow-up times: 1 MO, 3 MO, 6 MO, 9 MO, 12 MO, 15 MO, 18 MO
		2	Clinical reviews w/patient (Office visit) Education (Group meeting) Education (One-on-one) n Entered: 39 n Analyzed: 37	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No Yes	
Kumana CR/Ma JT, 1988 (#2130)	Diabetes (n/a) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: n/a n Analyzed: 51	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no relevant outcome. Of diabetic patients receiving drug information sheets (arm 2), those who recalled receipt had the greatest improvement in follow-up test scores (4.53 to 6.16, p<0.001) but follow-up test scores were significantly higher (p<0.001) in both intervention group (arm 2) and usual care group (arm 1). Follow-up times: 2 MO
		2	Education (Reading material) n Entered: n/a n Analyzed: 56	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No No No No No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Laitinen JH/Ahola IE/Sarkkinen ES/Winberg RL, 1993 (#2176)	Diabetes (Type II) RCT Jadad Score: 1 Diagnostic criteria: FBS and WHO Comorbidities: Heart disease, hypertension, obesity, CHF, and stroke	1	Control (n/a) Counseling/therapy (Office visit) Education (Office visit) n Entered: 46 n Analyzed: 38	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Fasting blood glucose (mmol/L) at 3 months: Arm 1 = 7.5 (2.9) Arm 2 = 6.6 (1.9) Glycated hemoglobin A (%) at 3 months: Arm 1 = 7.8 (2.0) Arm 2 = 7.1 (1.8)
		2	Goal setting (Group meeting) n Entered: 40 n Analyzed: 38	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	Weight (kg) at 3 months: Arm 1 = 88.8 (14.0) Arm 2 = 88.3 (14.1) Follow-up times: 3 MO, 15 MO

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Litzelman D K, 1993 (#828)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: FBS, HgbA1C, and NDDG Comorbidities: n/a	1	Usual Care (n/a) n Entered: 205 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Foot care education, behavioral contracts, and reinforcement (arm 2) resulted in 0.41 times fewer serious foot lesions and more appropriate foot care behavior (p=0.0001). Intervention subjects (arm 2) were also more likely to have foot examinations than were those in the usual care group (arm 1) (68% vs. 28%, p<0.001). Follow-up times: 12 MO
		2	Counseling/therapy (Office visit) Dietary monitoring (Group meeting) Dietary monitoring (Self-delivery) Education (Group meeting) Education (Office visit) Clinical reviews w/patient (Other mechanisms) Contracts (Reading material) Education (Reading material) Education (Video/audio tapes) Practice methods (Other mechanisms) Reminders (Mail) Reminders (Other mechanisms) n Entered: 191 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
McCulloch DK, 1983 (#2264)	Diabetes (Type I) RCT Jadad Score: 2 Diagnostic criteria: HgbA1C Comorbidities: Obesity	1	Control (n/a) Education (One-on-one) Education (Reading material) Education (n/a) Feedback (n/a) n Entered: 15 n Analyzed: 13	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	BMI (kg/m2) at 6 months: Arm 1 = 23.9 (2.3) Arm 2 = 23.7 (1.7) Arm 3 = 23.8 (2.0) HbA1 (%) at 6 months: Arm 1 = 11.6 (0.9) Arm 2 = 10.6 (2.1) Arm 3 = 9.6 (2.3) Follow-up times: 6 MO, 9 MO
		2	Education (One-on-one) Education (Reading material) Education (n/a) Feedback (Group meeting) Feedback (n/a) Practice self care skills (Group meeting) n Entered: 14 n Analyzed: 13	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No No	
		3	Education (One-on-one) Education (Reading material) Education (Video/audio tapes) Education (n/a) Feedback (n/a) n Entered: 15 n Analyzed: 13	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Mulrow C, 1987 (#2266)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: MD Comorbidities: Obesity	1	Education (Group meeting) Education (Reading material) Education (Video/audio tapes) Feedback (Group meeting) n Entered: 40 n Analyzed: 34	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No n/a	Excluded from meta-analysis as no usual care or comparable control group. Patient education utilizing videotapes (arm 1) had significant weight loss at 7 months compared to education without videotapes (arms 2 and 3), but changes were not sustained at 11 months. There were no significant changes in HbA1c. Follow-up times: 7 MO, 11 MO
		2	Education (Group meeting) Feedback (Group meeting) Unstructured group time (Group meeting) n Entered: 40 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No n/a	
		3	Education (Group meeting) n Entered: 40 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes No No n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Pratt C, 1987 (#2139)	Diabetes (Type II) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: 28 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Follow-up time not in 3 - 12 months. No differences in weight or glycosylated hemoglobin were noted between intervention groups (arms 2 and 3) and usual care group (arm 1) at 8- or 16-week follow-up.
		2	Education (Group meeting) Education (Reading material) n Entered: 19 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	Follow-up times: 8 WK
		3	Cognitive-behavioral (Group meeting) Education (Group meeting) Education (Reading material) Feedback (Group meeting) Goal setting (Group meeting) Social support (Group meeting) n Entered: 32 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Rabkin SW, 1983 (#2195)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: n/a Comorbidities: Neuropathy and cholesterol and retinopathy	1	Counseling/therapy (One-on-one) Dietary monitoring (One-on-one) Education (One-on-one) Education (Reading material) n Entered: 20 n Analyzed: 18	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes n/a	Excluded from meta-analysis as no usual care or comparable control group. Patients attending a behavior modification group (arm 2) had greater weight loss than those in individual counseling (arm 1) at 12 weeks follow-up ($p<0.05$) but had higher triglyceride levels ($p<0.10$). Fasting serum glucose was not appreciably different between groups. Follow-up times: 6 WK, 12 WK
		2	Cognitive-behavioral (Group meeting) Dietary monitoring (Group meeting) Education (Group meeting) n Entered: 20 n Analyzed: 20	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	
Rainwater N, 1982 (#2140)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: MD Comorbidities: Hypertension and obesity	1	Counseling/therapy (Office visit) Education (Hospitalization) Feedback (Office visit) n Entered: 11 n Analyzed: 10	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes n/a	Excluded from meta-analysis as no usual care or comparable control group. Self-management participants (arm 2) had continued weight loss at 2, 3 and 6-month follow-up, compared to those receiving conventional treatment (arm 1), who, on average, gained weight. Fasting blood glucose significantly decreased for both groups over time but was not significantly different between groups. Systolic and diastolic blood pressures increased in both groups over time but less so for self-management subjects. Satisfaction measures showed no differences. Follow-up times: 1 MO, 2 MO, 3 MO, 6 MO
		2	Cognitive-behavioral (Group meeting) Counseling/therapy (Office visit) Education (Group meeting) Feedback (Office visit) n Entered: 12 n Analyzed: 10	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Raz I, 1988 (#2141)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: FBS, HgbA1C, and PPBS Comorbidities: n/a	1	Usual Care (n/a) n Entered: 26 n Analyzed: 23	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Fasting glucose (mg/dl) at 12 months: Arm 1 = 201.0 (45.9) Arm 2 = 157.5 (59.9) HbA1c (%) at 12 months: Arm 1 = 9.6 (4.6) Arm 2 = 8.0 (5.3) Weight (kg) at 12 months: Arm 1 = 73.4 (25.0) Arm 2 = 73.4 (22.1) Follow-up times: 4 MO, 8 MO, 12 MO
		2	Education (Group meeting) n Entered: 25 n Analyzed: 23	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes No No No	
Rettig BA, 1986 (#2270)	Diabetes (Types I and II) RCT Jadad Score: 2 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: 243 n Analyzed: 193	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no relevant outcome. Intervention subjects (arm 2) had no significant differences compared to usual care group (arm 1) with respect to diabetes-related hospitalizations over a 12-month period. Similarly, length of hospitalization, emergency room visits, and physician visits were no different between groups despite significant gains for intervention subjects in self-care knowledge and skills in individual subject areas as well as in aggregate (p<0.001). Follow-up times: 6 MO, 1 YR
		2	Education (Group meeting) Education (Home visit) n Entered: 228 n Analyzed: 180	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Sadur C N, 1999 (#1668)	Diabetes (Types I and II) CCT Jadad Score: 0 Diagnostic criteria: HgbA1C and Registry Comorbidities: n/a	1	Usual Care (n/a) n Entered: 88 n Analyzed: 74	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. At 6 months, HbA1c levels decreased 1.3% for intervention subjects (arm 2) as compared to 0.22% for usual care group (arm 1). Intervention levels persisted at 12 months but control levels had fallen to similar levels by then as well. Self-care practices, self-efficacy, and satisfaction with diabetes care were also greater for intervention subjects compared with usual care group. Follow-up times: 6 MO, 18 MO
		2	Clinical reviews w/patient (Telephone) Cognitive-behavioral (One-on-one) Consultation w/specialists (Group meeting) Counseling/therapy (One-on-one) Education (Group meeting) Referrals (Group meeting) n Entered: 97 n Analyzed: 82	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Stevens J, 1985 (#2208)	Diabetes (Type II) RCT Jadad Score: 1 Diagnostic criteria: FBS Comorbidities: Obesity	1	Control (n/a) Counseling/therapy (n/a) n Entered: n/a n Analyzed: 12	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. Patients in all groups were consulted by a nutritionist. Three intervention groups (arms 2, 3, and 4) received dietary plans that differed in recommendations for fiber and oat bran intake. These groups demonstrated decreased body weight at 6-week follow-up for the oat bran group (arm 4) compared to controls (arm 1) (p<0.05). Glycosylated hemoglobin decreased in all 3 dietary groups but only in the increased fiber group (arm 3) was this difference statistically significant compared with controls (p<0.05). Follow-up times: 2 WK, 6 WK
		2	Counseling/therapy (n/a) n Entered: n/a n Analyzed: 15	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes n/a	
		3	Counseling/therapy (n/a) n Entered: n/a n Analyzed: 12	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes n/a	
		4	Counseling/therapy (n/a) n Entered: n/a n Analyzed: 13	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Vanninen E, 1992 (#2174)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: FBS Comorbidities: Heart disease, hypertension, obesity, tobacco abuse, and cholesterol	1	Control (n/a) Education (n/a) n Entered: 40 n Analyzed: 38	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	BMI (kg/m2) at 12 months: Arm 1 = 32.1 (4.5) Arm 2 = 31.4 (5.1) Fasting blood glucose (mmol/L) at 12 months: Arm 1 = 7.3 (2.1) Arm 2 = 6.3 (1.8) HbA (%) at 12 months: Arm 1 = 7.3 (1.6) Arm 2 = 6.6 (1.6) Follow-up times: 12 MO
		2	Education (Office visit) Education (One-on-one) Education (Reading material) Exercise program (Self-delivery) Feedback (One-on-one) n Entered: 38 n Analyzed: 38	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No Yes	
Vinicor F, 1987 (#892)	Diabetes (Types I and II) RCT Jadad Score: 2 Diagnostic criteria: FBS and PPBS Comorbidities: Heart disease, hypertension, kidney disease, neuropathy, obesity, CHF, and	1	Usual Care (n/a) n Entered: 129 n Analyzed: 68	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Follow-up time not in 3 - 12 months. Significant improvements for patients receiving education (arm 2) were noted in HbA1c, fasting plasma glucose, weight and blood pressure, but greatest improvements were noted in the group receiving both patient and physician education (arm 4). Follow-up times: 26 MO
		2	Contracts (One-on-one) Education (Computer program) Education (Home visit) Education (One-on-one) Reminders (Telephone) n Entered: 117 n Analyzed: 69	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
	cholesterol	3	Consultation w/specialists (Telephone) Education (Detailed reading material) Education (Group meeting) Education (Protocols) Feedback (Group meeting) Practice methods (Group meeting) Reminders (Computer program) n Entered: 130 n Analyzed: 62	Tailored: Yes Group Setting: Yes Feedback: Yes Psychological: No Primary MD: Yes		
		4	Consultation w/specialists (Telephone) Contracts (One-on-one) Education (Computer program) Education (Detailed reading material) Education (Group meeting) Education (Home visit) Education (One-on-one) Education (Protocols) Feedback (Group meeting) Practice methods (Group meeting) Reminders (Computer program) Reminders (Telephone) n Entered: 133 n Analyzed: 58	Tailored: Yes Group Setting: Yes Feedback: Yes Psychological: No Primary MD: Yes		

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Ward WK, 1985 (#2152)	Diabetes (Types I and II) RCT Jadad Score: 1 Diagnostic criteria: FBS Comorbidities: n/a	1	Control (n/a) Education (Group meeting) Education (Reading material) n Entered: 14 n Analyzed: 14	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. Thirty minutes of professional instruction for self-monitoring blood glucose with Chem-strip bG (arm 2) compared with reading package instructions and practice (arm 1) resulted only in a lower percent error in blood glucose estimation (p<0.02). Follow-up times: n/a
		2	Education (Group meeting) Education (Reading material) Feedback (Group meeting) n Entered: 16 n Analyzed: 16	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No n/a	
Weinberger M, 1995 (#896)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: 71 n Analyzed: 188	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Fasting blood glucose (mg/dl) at 12 months: Arm 1 = 193.1 (57.9) Arm 2 = 174.1 (59.0) Glycohemoglobin (%) at 12 months: Arm 1 = 11.1 (2.4) Arm 2 = 10.5 (2.7) Follow-up times: 1 YR
		2	Clinical reviews w/patient (Telephone) Education (Telephone) Feedback (Telephone) Practice methods (Detailed reading material) Practice methods (Telephone) Referrals (Telephone) n Entered: 204 n Analyzed: 188	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Werdier JD, 1984 (#2401)	Diabetes (Type II) CCT Jadad Score: 0 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: n/a n Analyzed: 82	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Subjects receiving diabetes counseling (arm 2) had significant reductions in post-prandial blood glucose compared with usual care group (arm 1) (p=0.009) at 6-month evaluation. Follow-up times: 6 MO
		2	Counseling/therapy (One-on-one) n Entered: n/a n Analyzed: 81	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes n/a	
White N, 1986 (#2154)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: FBS and PPBS Comorbidities: Obesity	1	Control (n/a) Counseling/therapy (One-on-one) Education (Group meeting) n Entered: 21 n Analyzed: 16	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Glycohemoglobin (%) at 6 months: Arm 1 = 10.1 (3.0) Arm 2 = 9.2 (2.0) Overweight (%) at 6 months: Arm 1 = 45.0 (16.0) Arm 2 = 34.0 (28.0) Serum glucose (mg/dl) at 6 months: Arm 1 = 243.0 (120.0) Arm 2 = 161.0 (48.0) Follow-up times: 3 MO, 6 MO
		2	Emotional support (Group meeting) Feedback (Group meeting) n Entered: 20 n Analyzed: 16	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Wing RR/Epstein LH, 1985 (#2156)	Diabetes (Type II) RCT Jadad Score: 1 Diagnostic criteria: FBS and GTT Comorbidities: Hypertension and obesity	1	Contracts (Group meeting) Education (Group meeting) Financial incentives (Group meeting) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes Yes No n/a	Excluded from meta-analysis as no usual care or comparable control group. Patients randomized to a behavior modification group (arm 2) lost more weight than nutrition education (arm 3) or standard care (arm 1) groups during a 4-month treatment period (p<0.01). However, 16 months later, differences in weight loss across these 3 groups were not significant. Follow-up times: 4 MO, 10 MO, 16 MO
		2	Cognitive-behavioral (Group meeting) Contracts (Group meeting) Dietary monitoring (Group meeting) Education (Group meeting) Exercise program (Group meeting) Financial incentives (Group meeting) Group Competition (Other mechanisms) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	
		3	Contracts (Group meeting) Education (Group meeting) Education (Reading material) Financial incentives (Group meeting) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes Yes No n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Wing RR/Epstein LH, 1986 (#2158)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: MD Comorbidities: Obesity	1	Cognitive-behavioral (Group meeting) Dietary monitoring (Group meeting) Financial incentives (Group meeting) n Entered: 25 n Analyzed: 22	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	Excluded from meta-analysis as no usual care or comparable control group. Two groups of randomized patients: a standard behavioral weight control program (arm 1) and a weight control program that included self-monitoring of blood glucose and instruction in the relationship between weight and glucose levels (arm 2), both demonstrated significant weight loss (mean of 6.3 +/- 4.0 kg) at 12 weeks but with no difference between groups. Significance was not maintained at one year. Nor were there any differences between groups for glycosylated hemoglobin, fasting blood glucose, total cholesterol, blood pressure, medication use, or depression scores. Follow-up times: 12 WK, 62 WK
		2	Cognitive-behavioral (Group meeting) Dietary monitoring (Group meeting) Education (Group meeting) Financial incentives (Group meeting) n Entered: 25 n Analyzed: 23	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Wing RR, 1988 (#2283)	Diabetes (Type II) RCT Jadad Score: 2 Diagnostic criteria: NDDG Comorbidities: Obesity	1	Control (n/a) Dietary monitoring (Group meeting) Education (Group meeting) Financial incentives (Group meeting) Follow up (Group meeting) Goal setting (Group meeting) Material incentive (Group meeting) Practice self care skills (Group meeting) n Entered: 10 n Analyzed: 9	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. After a 16-week treatment program, both self-regulation group (arm 2) and monitoring only group (arm 1) significantly improved in biochemical and weight measures but with no differences between arms. Though weight loss was significant for both arms at one-year follow-up, lack of difference between arms remained. HgbA1c values were unchanged in both arms compared to pretreatment values.
		2	Cognitive-behavioral (Group meeting) Contracts (Group meeting) Dietary monitoring (Group meeting) Education (Group meeting) Feedback (Group meeting) Financial incentives (Group meeting) Follow up (Group meeting) Goal setting (n/a) Material incentive (Group meeting) Practice self care skills (Group meeting) Reminders (Group meeting) n Entered: 10 n Analyzed: 8	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	Follow-up times: 16 WK, 1 YR

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Wise PH, 1986 (#2205)	Diabetes (Types I and II) CCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: n/a n Analyzed: 41	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Significant decreases in HbA1c levels were seen for individuals participating in computer-based interactive teaching programs with feedback (arm 2) compared with usual care group (arm 1) ($p<0.05$). Knowledge increased in these groups as well. Follow-up times: 5 MO
		2	Education (Computer program) n Entered: n/a n Analyzed: 46	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No No n/a	
		3	Education (Computer program) Feedback (Computer program) n Entered: n/a n Analyzed: 46	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	
		4	Education (Computer program) Education (Self-delivery) Feedback (Computer program) n Entered: n/a n Analyzed: 41	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Wood ER, 1989 (#2159)	Diabetes (n/a) CCT Jadad Score: 1 Diagnostic criteria: MD Comorbidities: n/a	1	Control (n/a) Education (Hospitalization) n Entered: n/a n Analyzed: 40	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Hospitalized patients receiving a comprehensive inpatient diabetes education program (arm 2) had better compliance compared with control group (arm 1) at 4-month follow-up with regard to self-care behaviors including exercise, insulin administration and diet, however only exercise reached statistical significance (p=0.05). Blood glucose was also lower (p=0.10) as was the number of emergency room visits (20 for controls versus 2 in experimental program, p=0.005). Follow-up times: 1 MO, 4 MO
		2	Education (Group meeting) Education (Hospitalization) Feedback (Group meeting) Practice self care skills (Group meeting) n Entered: n/a n Analyzed: 53	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No n/a	

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Evidence Table 1: Diabetes (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Worth R, 1982 (#2198)	Diabetes (Type I) RCT Jadad Score: 2 Diagnostic criteria: Insulin by regular urine test Comorbidities: n/a	1	Clinical reviews w/patient (Office visit) Education (Office visit) Self monitoring (Self-delivery) n Entered: 13 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	Excluded from meta-analysis as no usual care or comparable control group. The method of monitoring diabetic control had no effect on glycosylated hemoglobin, postprandial blood glucose, serum cholesterol, or body weight. Follow-up times: 3 MO
		2	Clinical reviews w/patient (Office visit) Education (Office visit) Self monitoring (Self-delivery) n Entered: 13 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	
		3	Clinical reviews w/patient (Office visit) Education (Office visit) Self monitoring (Self-delivery) n Entered: 12 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	

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Evidence Table 2: Osteoarthritis

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Barlow JH, 2000 (#3274)	Osteoarthritis (OA and RA)	1	Usual Care (n/a)	Tailored:	n/a	Functioning (modified Health Assessment Questionnaire (0-3)) at 4 months:
				Group Setting:	n/a	
			n Entered: 258	Feedback:	n/a	Arm 1 = 1.4 (1.0)
	RCT		n Analyzed: 311	Psychological:	n/a	Arm 2 = 1.4 (1.0)
				Primary MD:	n/a	
	Jadad Score: 2	2	Cognitive-behavioral (Group meeting)	Tailored:	Yes	Pain (VAS (0-10)) at 4 months:
			Education (Group meeting)	Group Setting:	Yes	Arm 1 = 6.4 (2.5)
	Diagnostic criteria: MD		Education (Instructional manuals)	Feedback:	Yes	Arm 2 = 6.4 (2.5)
			Follow up (Group meeting)	Psychological:	Yes	
			Goal setting (Group meeting)	Primary MD:	No	Follow-up times: 4 MO, 12 MO
	Comorbidities: n/a		Practice self care skills (Group meeting)			
			n Entered: 344			
			n Analyzed: 311			

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Evidence Table 2: Osteoarthritis (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Cohen J L, 1986 (#770)	Osteoarthritis (OA, RA and other, NOS) RCT Jadad Score: 2 Diagnostic criteria: MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: 36 n Analyzed: 34	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Though knowledge of arthritis and use of exercise increased for both intervention groups compared with no intervention, delivery by professional compared with layperson resulted in no differences with respect to pain, depression, physical function, social support or non-exercise behaviors. Follow-up times: 6 WK, 14 WK
		2	Advocacy training (Group meeting) Arthritis self-management (Group meeting) Arthritis self-management (Instructional manuals) Arthritis self-management (Office visit) n Entered: 32 n Analyzed: 28	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
		3	Education (Group meeting) Education (Instructional manuals) n Entered: 28 n Analyzed: 24	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes No No No	
Doyle TH, 1982 (#2427)	Osteoarthritis (OA only) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Clinical reviews w/patient (One-on-one) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	Excluded from meta-analysis as no usual care or comparable control group. After 20 weeks of treatment, improvement was seen for pain and range of motion in both arms with no difference seen between groups. Follow-up times: 20 WK
		2	Clinical reviews w/patient (Group meeting) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes Yes No n/a	

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Evidence Table 2: Osteoarthritis (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Goeppinger J, 1989 (#801)	Osteoarthritis (OA and RA) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: n/a n Analyzed: 121	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Functioning (Health Assessment Questionnaire disability score (0-3)) at 4 months: Arm 1 = 1.0 (0.6) Arm 2 = 1.0 (0.6) Arm 3 = 1.1 (0.6)
		2	Contracts (Group meeting) Education (Group meeting) n Entered: n/a n Analyzed: 121	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No No	Pain (Pain Index) at 4 months: Arm 1 = 25.7 (8.7) Arm 2 = 25.4 (8.7) Arm 3 = 26.6 (8.7) Follow-up times: 4 MO
		3	Contracts (Group meeting) Education (Group meeting) Education (Reading material) Education (Video/audio tapes) n Entered: n/a n Analyzed: 121	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No No	
Keefe F, 1996 (#2082)	Osteoarthritis (OA only) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: n/a	1	Cognitive-behavioral (Group meeting) Education (Reading material) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	Excluded from meta-analysis as no usual care or comparable control group. Patients receiving spouse-assisted coping skills training (arm 2) had lower levels of pain and psychological disability and higher self-efficacy and more frequent use of pain-coping strategies after 10 weeks of treatment than did those receiving the cognitive-behavioral intervention (arm 1). Subjects in the pain-coping skills training without spouse assistance (arm 3) had higher self-efficacy, coping, and marital adjustment and lower pain and psychological
		2	Cognitive-behavioral (Group meeting) Counseling/therapy (Group meeting) Education (Reading material) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	

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Evidence Table 2: Osteoarthritis (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
		3	Education (Group meeting) Education (Reading material) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No n/a	disability as compared to the cognitive-behavioral group. Follow-up times: 10 WK
Keefe F J, 1990a (#907)	Osteoarthritis (OA only) RCT Jadad Score: 1	1	Usual Care (n/a) n Entered: 31 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Functioning (AIMS physical disability scale) at 6 months: Arm 1 = 2.0 (1.3) Arm 2 = 2.1 (1.3) Arm 3 = 2.3 (1.3)
	Diagnostic criteria: X-ray and MD Comorbidities: Obesity	2	Cognitive-behavioral (Group meeting) Cognitive-behavioral (Video/audio tapes) Consultation w/specialists (Group meeting) Counseling/therapy (Telephone) n Entered: 32 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	Pain (AIMS pain scale) at 6 months: Arm 1 = 5.7 (1.6) Arm 2 = 5.7 (1.7) Arm 3 = 4.6 (1.7) Follow-up times: 6 MO, 12 MO
		3	Counseling/therapy (Telephone) Education (Group meeting) n Entered: 36 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes No Yes No	

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Evidence Table 2: Osteoarthritis (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Keefe F J, 1990b (#908)	Osteoarthritis (OA only) RCT Jadad Score: 1 Diagnostic criteria: X-ray and MD Comorbidities: Obesity	1	Usual Care (n/a) n Entered: 31 n Analyzed: 28	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Duplicate population Keefe F J, 1990b Patients who received pain coping skills training (arm 2) had significantly lower levels of pain (p<0.01) and psychological disability (p<0.001) than those who received arthritis education (arm 3) or usual care (arm 1). Physical disability was no different between groups after treatment. Follow-up times: 10 WK
		2	Cognitive-behavioral (Group meeting) Cognitive-behavioral (Video/audio tapes) Consultation w/specialists (Group meeting) n Entered: 32 n Analyzed: 31	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
		3	Education (Group meeting) n Entered: 36 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes No No No	

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Evidence Table 2: Osteoarthritis (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Laborde JM, 1983 (#2355)	Osteoarthritis (OA only) RCT Jadad Score: 1 Diagnostic criteria: Chart review and self report Comorbidities: n/a	1	Usual Care (n/a) n Entered: 20 n Analyzed: 20	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Subjects receiving relaxation procedures (arm 4) had significantly less pain than those receiving other interventions or those in the control group ($p<0.05$). No differences were noted with respect to stiffness, mobility, medication taking behavior, or knowledge. Follow-up times: 2 WK
		2	Education (Reading material) n Entered: 35 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No No No No No	
		3	Education (Group meeting) Education (Reading material) n Entered: 35 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	
		4	Education (Group meeting) Education (Reading material) n Entered: 35 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	
		5	Education (Group meeting) Education (Reading material) n Entered: 35 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	

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Evidence Table 2: Osteoarthritis (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Lorig K, 1985 (#835)	Osteoarthritis (OA and RA) RCT Jadad Score: 1 Diagnostic criteria: MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: 65 n Analyzed: 129	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Functioning (Disability (0-3)) at 4 months: Arm 1 = 0.5 (1.0) Arm 2 = 0.6 (1.0) Pain (VAS (0-10)) at 4 months: Arm 1 = 3.2 (2.5) Arm 2 = 3.4 (2.5) Follow-up times: 4 MO
		2	Arthritis self-management (Group meeting) n Entered: 134 n Analyzed: 129	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	
Lorig K, 1986 (#830)	Osteoarthritis (OA and RA) RCT Jadad Score: 2 Diagnostic criteria: MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: 32 n Analyzed: 29	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Functioning (Health Assessment Questionnaire (0-3)) at 4 months: Arm 1 = 0.9 (1.0) Arm 2 = 0.8 (1.0) Arm 3 = 0.7 (1.0) Pain (Double anchored VAS (0-15)) at 4 months: Arm 1 = 7.3 (3.8) Arm 2 = 8.9 (3.8) Arm 3 = 7.4 (3.8) Follow-up times: 4 MO
		2	Arthritis self-management (Group meeting) n Entered: 34 n Analyzed: 29	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	
		3	Arthritis self-management (Group meeting) n Entered: 34 n Analyzed: 29	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	

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Evidence Table 2: Osteoarthritis (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Lorig K, 1989 (#837)	Osteoarthritis (OA and RA) RCT Jadad Score: 1 Diagnostic criteria: MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: n/a n Analyzed: 501	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Functioning (Stanford Health Assessment Questionnaire (0-3)) at 4 months: Arm 1 = 0.7 (1.0) Arm 2 = 0.7 (1.0) Pain (Double anchored VAS (0-10)) at 4 months: Arm 1 = 4.5 (2.5) Arm 2 = 4.2 (2.5) Follow-up times: 4 MO
		2	Arthritis self-management (Group meeting) n Entered: n/a n Analyzed: 501	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	
Lorig K R, 1999 (#608)	Osteoarthritis (Arthritis, NOS) RCT Jadad Score: 2 Diagnostic criteria: MD Comorbidities: Heart disease, chronic respiratory disease, CHF, and stroke	1	Usual Care (n/a) n Entered: 476 n Analyzed: 561	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Functioning (modified Health Assessment Questionnaire disability score (0-3)) at 6 months: Arm 1 = 0.9 (1.0) Arm 2 = 0.8 (1.0) Pain (adaptation of Medical Outcomes Study pain scale (0-100)) at 6 months: Arm 1 = 56.8 (25.0) Arm 2 = 55.4 (25.0) Follow-up times: 6 MO
		2	Cognitive-behavioral (Group meeting) Education (Group meeting) Feedback (Group meeting) Practice methods (Group meeting) n Entered: 664 n Analyzed: 561	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	

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Evidence Table 2: Osteoarthritis (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Weinberger M, 1989 (#430)	Osteoarthritis (OA only) RCT Jadad Score: 2 Diagnostic criteria: X-ray and MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: 112 n Analyzed: 103	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Education delivered by telephone (arms 2 and 4) compared with no telephone (arms 1 and 3) resulted in improved physical health and reduced pain (p=0.02) with trends suggesting improved psychological health (p=0.10). Follow-up times: 11 MO
		2	Advocacy training (Telephone) Clinical reviews w/patient (Telephone) Reminders (Telephone) n Entered: 109 n Analyzed: 95	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	
		3	Advocacy training (Office visit) Clinical reviews w/patient (Office visit) n Entered: 109 n Analyzed: 99	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	
		4	Advocacy training (Office visit) Advocacy training (Telephone) Clinical reviews w/patient (Office visit) Clinical reviews w/patient (Telephone) Reminders (Telephone) n Entered: 109 n Analyzed: 97	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	

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Evidence Table 3: Post-Myocardial Infarction Care

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Burgess AW, 1987 (#2652)	Myocardial infarction (Uncomplicated and complicated) RCT Jadad Score: 2 Diagnostic criteria: CPK-MB elevation, ECG, Symptoms Comorbidities: CHF	1	Usual Care (n/a) n Entered: 91 n Analyzed: 77	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Death at 13 months: Arm 1 = 5 deaths Arm 2 = 5 deaths Return to work (% return to same or new job) at 13 months: Arm 1 = 88% of 76 eligible subjects Arm 2 = 88% of 77 eligible subjects Follow-up times: 3 MO, 13 MO
		2	Cognitive-behavioral (One-on-one) Follow up (Mail) Social support (One-on-one) n Entered: 89 n Analyzed: 77	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	
DeBusk F, 1985 (#2669)	Myocardial infarction (First occurrence and reoccurrence) RCT Jadad Score: 2 Diagnostic criteria: CPK-MB elevation, ECG, SGOT, Symptoms	1	Usual Care (n/a) n Entered: 37 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no relevant outcome. The average increase in functional capacity (i.e., peak treadmill workload on METS) between 3 and 26 weeks was significantly greater ($p<0.05$) in training groups (arms 2,3,4,5, and 6) than in the usual care group (arm 1) (1.8 vs. 1.2 METs, respectively). Follow-up times: 3 WK, 11 WK, 26 WK
		2	Control (n/a) Counseling/therapy (One-on-one) Exercise testing (n/a) n Entered: 34 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
	Comorbidities: n/a	3	Counseling/therapy (One-on-one) Exercise diary (Self-delivery) Exercise monitoring (Telephone) Exercise program (One-on-one) Exercise program (Reading material) Exercise testing (n/a) Follow up (Telephone) n Entered: 33 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	
		4	Counseling/therapy (One-on-one) Exercise diary (Self-delivery) Exercise monitoring (Telephone) Exercise program (One-on-one) Exercise program (Reading material) Exercise testing (n/a) Follow up (Telephone) n Entered: 33 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	
		5	Counseling/therapy (One-on-one) Exercise monitoring (Group meeting) Exercise program (Group meeting) Exercise testing (n/a) n Entered: 30 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
		6	Counseling/therapy (One-on-one) Exercise monitoring (Group meeting) Exercise program (Group meeting) Exercise testing (n/a) n Entered: 31 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
DeBusk RF, 1994 (#775)	Myocardial infarction (Angina with infarction) RCT Jadad Score: 3 Diagnostic criteria: CPK-MB elevation, ECG, Chest pain, SGOT Comorbidities: Tobacco abuse, substance abuse, and psychiatric problems	1	Control (n/a) Counseling/therapy (Hospitalization) n Entered: 292 n Analyzed: 244	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. At 12 months, 4.1% had died in the intervention arm (arm 2), compared to 3.4% in the control group (arm 1). LDL and total cholesterol decreased more in the intervention arm (p <0.001). Smoking cessation at 12 months increased significantly for the case management arm versus usual care (70% vs. 53%, p=0.03). Functional capacity was higher in the intervention arm at 6 months 9.3 METS vs. 8.4 METS. The% consuming a low fat diet increased from 31% to 88% at 90 days in the intervention arm but was similar to usual care arm. Follow-up times: 3 MO, 6 MO, 12 MO
		2	Counseling/therapy (Computer program) Counseling/therapy (Hospitalization) Counseling/therapy (Office visit) Counseling/therapy (Reading material) Counseling/therapy (Telephone) Counseling/therapy (Video/audio tapes) Education (Hospitalization) Education (Office visit) Education (Telephone) Feedback (Mail) n Entered: 293 n Analyzed: 243	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes n/a	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Dennis C, 1988 (#2656)	Myocardial infarction (Uncomplicated MI) RCT Jadad Score: 3 Diagnostic criteria: CPK-MB elevation, ECG, MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: 102 n Analyzed: 99	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Death at 6 months: Arm 1 = 2 deaths Arm 2 = 1 death Return to work (% working part- or full-time) at 6 months: Arm 1 = 86% of 102 eligible subjects Arm 2 = 92% of 99 eligible subjects Follow-up times: 1 MO, 3 MO, 6 MO
		2	Clinical reviews w/patient (Telephone) Consultation w/specialists (Mail) Consultation w/specialists (Telephone) Counseling/therapy (One-on-one) Exercise testing (One-on-one) n Entered: 99 n Analyzed: 99	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes Yes	
Frasure-Smith N, 1985 (#790)	Myocardial infarction (Uncomplicated, complicated, first and reoccurrence, angina with infarction and unspecified) CCT Jadad Score: 0 Diagnostic criteria: n/a Comorbidities: Hypertension, obesity, DM, CHF, tobacco abuse, and angina	1	Usual Care (n/a) n Entered: 231 n Analyzed: 224	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Nurse-delivered stress monitoring and stress reduction interventions resulted in lower stress levels and fewer cardiac deaths (70% decrease) for intervention patients (arm 2) compared with usual care group (arm 1) but not reinfarction rates. Differences between groups with respect to SES may be responsible for these differences. Follow-up times: 1 YR
		2	Consultation w/specialists (Group meeting) Education (Home visit) Psychological assessment/care (Home visit) Psychological assessment/care (Telephone) n Entered: 230 n Analyzed: 229	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Frasure-Smith N, 1989 (#2218)	Myocardial infarction (Uncomplicated, complicated, first and reoccurrence) CCT Jadad Score: 1 Diagnostic criteria: MD Comorbidities: Hypertension, obesity, DM, tobacco abuse, and cholesterol	1	Usual Care (n/a) n Entered: 233 n Analyzed: 179	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Subjects receiving home-based nursing interventions aimed at reducing stress (arm 2) had significantly fewer MI recurrences than usual care subjects (arm 1) over a 4-year follow-up period (p=0.04). The difference in mortality was maximal at 18 months post-MI, but during the remaining years mortality between groups was equivalent. No difference in hospitalization readmission rates was noted. Follow-up times: 2 YR, 5 YR, 64 MO
		2	Consultation w/specialists (Group meeting) Education (Home visit) Psychological assessment/care (Home visit) Psychological assessment/care (Telephone) n Entered: 232 n Analyzed: 176	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	
Friedman M, 1982 (#2367)	Myocardial infarction (First occurrence and reoccurrence) CCT Jadad Score: 0 Diagnostic criteria: CPK-MB elevation, ECG, Patient History Comorbidities: Heart disease, hypertension, CHF, tobacco abuse, and cholesterol	1	Usual Care (n/a) n Entered: 151 n Analyzed: 125	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Subjects receiving interventions of both cardiologic and behavioral counseling (arms 2 and 3) had lower 1-yr rates of reinfarction (p<0.01) and death (p<0.05) than usual care subjects (arm 1). Behavioral counseling (arm 3) resulted in fewer reinfarctions (1.1% versus 3.3% p<0.05) than cardiologic counseling alone (arm 2). Follow-up times: 1 YR
		2	Counseling/therapy (Group meeting) n Entered: 270 n Analyzed: 213	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	
		3	Cognitive-behavioral (Group meeting) Counseling/therapy (Group meeting) n Entered: 614 n Analyzed: 514	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Friedman M, 1984 (#2362)	Myocardial infarction (First occurrence and reoccurrence) RCT Jadad Score: 1 Diagnostic criteria: CPK-MB elevation, ECG, Clinical history Comorbidities: Heart disease, hypertension, CHF, and tobacco abuse	1	Counseling/therapy (Group meeting) Psychological assessment/care (Group meeting) n Entered: 270 n Analyzed: 164	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	Excluded from meta-analysis as no usual care or comparable control group. Patients receiving Type A behavioral counseling (arm 2) had a 7.2% 3-year cumulative cardiac recurrence rate compared with 13% for individuals receiving only cardiologic counseling (arm 1) (p<0.005). Three-year survival without cardiac recurrence was also higher for the behavioral counseling group (p<0.01) but no differences were noted for arrhythmias or hypertension. Follow-up times: 3 YR
		2	Cognitive-behavioral (Group meeting) Counseling/therapy (Group meeting) n Entered: 592 n Analyzed: 381	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	
Froelicher E S, 1994 (#792)	Myocardial infarction (Uncomplicated MI) RCT Jadad Score: 2 Diagnostic criteria: MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: 84 n Analyzed: 52	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Death at 24 weeks: Arm 1 = 2 deaths Arm 2 = 3 deaths Arm 3 = 3 deaths Return to work (% return to same job) at 24 weeks: Arm 1 = 90% of 62 eligible subjects Arm 2 = 95% of 63 eligible subjects Arm 3 = 98% of 52 eligible subjects Follow-up times: 3 MO, 6 MO
		2	Exercise program (Hospitalization) Feedback (Office visit) n Entered: 88 n Analyzed: 52	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No No	
		3	Counseling/therapy (Group meeting) Education (Group meeting) Exercise program (Hospitalization) Feedback (Office visit) n Entered: 86 n Analyzed: 52	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Gruen W, 1975 (#2360)	Myocardial infarction (Uncomplicated, complicated, first occurrence, and unspecified) CCT Jadad Score: 0 Diagnostic criteria: n/a Comorbidities: CHF, anxiety and depression	1	Usual Care (n/a) n Entered: n/a n Analyzed: 37	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Intervention subjects (arm 2) had 2.5 fewer hospital days (p<0.05), less observed weakness and depression (p<0.05), decreased anxiety (p<0.001), and fewer supraventricular arrhythmias (p<0.05) compared with usual care patients (arm 1). No differences in chest pain occurrence were noted. Follow-up times: 4 MO
		2	Advocacy training (One-on-one) Psychological assessment/care (One-on-one) n Entered: 38 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes n/a	
Heller R F, 1993 (#809)	Myocardial infarction (Uncomplicated, first and reoccurrence, angina with and without infarction, and unspecified) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: Heart disease, hypertension, obesity, tobacco abuse, angina, and cholesterol	1	Usual Care (n/a) n Entered: 237 n Analyzed: 61	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Death at 6 months: Arm 1 = 3 deaths Arm 2 = 6 deaths Return to work (% return to same job) at 6 months: Arm 1 = 76% of 66 eligible subjects Arm 2 = 66% of 61 eligible subjects Follow-up times: 6 MO
		2	Contracts (Reading material) Education (Mail) Education (Reading material) Feedback (Reading material) Reminders (Other mechanisms) n Entered: 213 n Analyzed: 61	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No No	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Horlick L, 1984 (#2219)	Myocardial infarction (Uncomplicated, complicated, first and reoccurrence, and unspecified) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: CHF, anxiety and depression	1	Control (n/a) Education (Video/audio tapes) n Entered: 33 n Analyzed: 65	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Death at 6 months: Arm 1 = 1 death Arm 2 = 6 deaths Return to work (% working part- or full-time) at 6 months: Arm 1 = 92.8% of 29 eligible subjects Arm 2 = 80.6% of 65 eligible subjects Follow-up times: 3 MO, 6 MO
		2	Education (Group meeting) Education (One-on-one) Education (Video/audio tapes) Unstructured group time (Group meeting) n Entered: 83 n Analyzed: 65	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	
Lewin B, 1992 (#827)	Myocardial infarction (First occurrence and reoccurrence) RCT Jadad Score: 4 Diagnostic criteria: WHO Comorbidities: Tobacco abuse	1	Control (n/a) Counseling/therapy (Home visit) Counseling/therapy (Office visit) Counseling/therapy (Telephone) Education (Reading material) n Entered: 88 n Analyzed: 60	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Anxiety and general emotional disturbance scores for intervention subjects (arm 2) were half that of controls (arm 1) at 1-year follow-up. In the first 6 months of study, 18 control compared with 6 intervention patients had hospital admissions (p=0.02).
		2	Counseling/therapy (Home visit) Counseling/therapy (Office visit) Counseling/therapy (Telephone) Education (Instructional manuals) Education (Video/audio tapes) n Entered: 88 n Analyzed: 50	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes No	Follow-up times: 6 WK, 6 MO, 12 MO

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Miller NH, 1984 (#2670)	Myocardial infarction (First occurrence and reoccurrence) RCT Jadad Score: 2 Diagnostic criteria: CPK-MB elevation, ECG, SGOT, Symptoms Comorbidities: n/a	1	Usual Care (n/a) n Entered: 37 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no relevant outcome. Though functional capacity improved in patients randomized to either home (arms 3 and 4) or group (arms 5 and 6) exercise training compared with controls (arms 1 and 2), no differences were seen between home and group training. Frequency of exercise induced angina or ischemic ST-segment depression was no different between groups when measured at 26 weeks. Follow-up times: 3 WK, 11 WK, 26 WK
		2	Control (n/a) Counseling/therapy (One-on-one) Exercise testing (n/a) n Entered: 34 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	
		3	Counseling/therapy (One-on-one) Exercise diary (Self-delivery) Exercise monitoring (Telephone) Exercise program (One-on-one) Exercise program (Reading material) Exercise testing (n/a) Follow up (Telephone) n Entered: 33 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes n/a	
		4	Counseling/therapy (One-on-one) Exercise diary (Self-delivery) Exercise monitoring (Telephone) Exercise program (One-on-one) Exercise program (Reading material) Exercise testing (n/a) Follow up (Telephone) n Entered: 33 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes n/a	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
		5	Counseling/therapy (One-on-one) Exercise monitoring (Group meeting) Exercise program (Group meeting) Exercise testing (n/a) n Entered: 30 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	
		6	Counseling/therapy (One-on-one) Exercise monitoring (Group meeting) Exercise program (Group meeting) Exercise testing (n/a) n Entered: 31 n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	
Oldenburg B, 1985 (#2699)	Myocardial infarction (First occurrence) CCT Jadad Score: 1 Diagnostic criteria: MD Comorbidities: Heart disease	1	Usual Care (n/a) n Entered: 14 n Analyzed: 14	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Both intervention groups (arms 2 and 3) had improved psychological measures related to anxiety, distress, and Type A behavior, compared with the usual care group (arm 1) ($p<0.05$). The counseling group (arm 3) demonstrated sustained significant reductions in alcohol and tobacco consumption at 12-month follow-up. A higher proportion of counseling subjects reported returning to work by 12 months and a trend towards less chest pain and related hospital admissions was also seen. Follow-up times: 3 MO, 6 MO, 12 MO
		2	Cognitive-behavioral (Video/audio tapes) Education (Video/audio tapes) n Entered: 16 n Analyzed: 14	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No No No Yes n/a	
		3	Cognitive-behavioral (Video/audio tapes) Counseling/therapy (One-on-one) Education (Video/audio tapes) n Entered: 16 n Analyzed: 15	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes n/a	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Oldenburg B, 1989 (#2698)	Myocardial infarction (First occurrence and reoccurrence and unspecified) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: Heart disease and hypertension	1	Usual Care (n/a) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Subjects attending a behavioral group (arm 3) had statistically significantly less anxiety and depression over 12-month follow-up than the usual care subjects (arm 1) (p<0.05). Type A behavior was also reduced to a greater degree than usual care or education intervention subjects (p<0.01). Smoking decreased in all groups but relapse rate for behavioral group was almost half that of the other 2 groups (p<0.05). The behavioral group also had fewer physical symptoms and greater exercise capacity (p<0.05). Follow-up times: 4 MO, 8 MO, 12 MO
		2	Education (One-on-one) Education (Video/audio tapes) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No No No No No	
		3	Cognitive-behavioral (Group meeting) Contracts (Group meeting) Education (One-on-one) Education (Video/audio tapes) Exercise program (Group meeting) n Entered: n/a n Analyzed: n/a	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	
Oldridge N, 1991 (#2653)	Myocardial infarction (First occurrence and reoccurrence) RCT Jadad Score: 1 Diagnostic criteria: CPK-MB elevation, ECG, Symptoms Comorbidities: n/a	1	Usual Care (n/a) n Entered: 102 n Analyzed: 54	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Death at 12 months: Arm 1 = 4 deaths Arm 2 = 3 deaths Return to work (% return to work) at 12 months: Arm 1 = 83.6% of 61 eligible subjects Arm 2 = 79.3% of 54 eligible subjects Follow-up times: 8 WK, 4 MO, 8 MO, 12 MO
		2	Cognitive-behavioral (Group meeting) Education (Group meeting) Exercise program (Group meeting) n Entered: 99 n Analyzed: 54	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Ott CR, 1983 (#2657)	Myocardial infarction (Uncomplicated, complicated, first and reoccurrence) RCT Jadad Score: 1 Diagnostic criteria: CPK-MB elevation, ECG, Clinical history Comorbidities: Obesity and tobacco abuse	1	Usual Care (n/a) n Entered: 84 n Analyzed: 59	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Same study population as Sivarajan, et al., 1983. Using the Sickness Impact Profile survey instrument, researchers found improved physical and psychosocial function for those receiving an exercise program coupled with counseling about cardiac risk factors and emotional adjustment after myocardial infarction (arm 3). Differences between groups exceeded any changes noted for those receiving an exercise-only intervention and were significant at a .01 to .05 level dependent upon specific measured categories. Follow-up times: 3 MO, 6 MO
		2	Education (Hospitalization) Exercise program (Hospitalization) Exercise program (Office visit) Exercise program (Self-delivery) Feedback (Office visit) n Entered: 88 n Analyzed: 68	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	
		3	Counseling/therapy (One-on-one) Education (Group meeting) Education (Hospitalization) Education (Reading material) Education (Self-delivery) Education (Video/audio tapes) Exercise program (Hospitalization) Exercise program (Office visit) Feedback (Office visit) n Entered: 86 n Analyzed: 62	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Payne T J, 1994 (#859)	Myocardial infarction (First occurrence and reoccurrence) CCT Jadad Score: 1 Diagnostic criteria: MD, Stress test Comorbidities: Heart disease and anxiety and depression	1	Usual Care (n/a) n Entered: 26 n Analyzed: 26	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as not randomized. Chest pain frequency and depression scores were significantly lower for intervention subjects (arm 2) at 1-month follow-up but no differences between intervention and usual care (arm 1) subjects were noted at 6-months. Follow-up times: 1 MO, 6 MO
		2	Cognitive-behavioral (Group meeting) Education (Group meeting) Practice self care skills (Self-delivery) n Entered: 60 n Analyzed: 26	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	
Powell LH, 1984 (#2361)	Myocardial infarction (First and reoccurrence, angina with infarction and unspecified) RCT Jadad Score: 2 Diagnostic criteria: n/a Comorbidities: Heart disease, hypertension, and hypercholeterelemia	1	Control (n/a) Counseling/therapy (Group meeting) n Entered: 270 n Analyzed: 259	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no usual care or comparable control group. Behavioral counseling (arm 2) targeted to “Type A” life style resulted in greater reductions in Type A behavior compared with standard counseling (arm 1). Cardiovascular recurrence rates were no different between counseling groups but behavioral counseling subjects had lower 2-year cardiovascular recurrences than controls (2.76 versus 6.00 p<0.05) Total cholesterol and blood pressure were similar between groups. Follow-up times: 2 YR
		2	Cognitive-behavioral (Group meeting) Cognitive-behavioral (Reading material) Counseling/therapy (Group meeting) n Entered: 592 n Analyzed: 564	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes n/a	

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Rahe RM, 1979 (#2406)	Myocardial infarction (First occurrence and unspecified) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: Heart disease, hypertension, obesity, DM, CHF, and tobacco abuse	1	Control (n/a) Dietary monitoring (Office visit) Education (Reading material) n Entered: 22 n Analyzed: 17	Tailored: n/a Group Setting: n/a Feedback: n/a Psychological: n/a Primary MD: n/a		Death at 12 months: Arm 1 = 2 deaths Arm 2 = 0 deaths Return to work (% who worked full-time before MI who returned to work) at 12 months: Arm 1 = 41.7% of 12 eligible subjects Arm 2 = 94.1% of 17 eligible subjects Follow-up times: 18 MO, 42 MO
		2	Cognitive-behavioral (Group meeting) Contracts (Group meeting) Counseling/therapy (Group meeting) Dietary monitoring (Office visit) Education (Group meeting) Education (Reading material) n Entered: 22 n Analyzed: 17	Tailored: Yes Group Setting: Yes Feedback: Yes Psychological: Yes Primary MD: No		
Schulte MB, 1986 (#2438)	Myocardial infarction (First occurrence and unspecified) CCT Jadad Score: 0 Diagnostic criteria: n/a Comorbidities: n/a	1	Usual Care (n/a) n Entered: 16 n Analyzed: 16	Tailored: n/a Group Setting: n/a Feedback: n/a Psychological: n/a Primary MD: n/a		Excluded from meta-analysis as not randomized. Intervention subjects (arm 2) demonstrated decreased anxiety ($p<0.05$) and increased self care cardiac skills ($p<0.01$) compared with usual care subjects (arm 1). Follow-up times: 10 WK
		2	Education (Group meeting) Practice methods (Group meeting) Practice methods (Video/audio tapes) Practice self care skills (Group meeting) n Entered: 29 n Analyzed: 29	Tailored: Yes Group Setting: Yes Feedback: No Psychological: No Primary MD: n/a		

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Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Sivarajan ES, 1983 (#2439)	Myocardial infarction (Uncomplicated, complicated, first and reoccurrence) RCT Jadad Score: 1 Diagnostic criteria: CPK-MB elevation, ECG, Clinical history Comorbidities: Obesity and tobacco abuse	1	Usual Care (n/a) n Entered: 84 n Analyzed: 63	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Same study population as Ott, et al., 1983. Though modest changes in diet were noted for intervention subjects (arms 2 and 3), no changes occurred between groups with respect to weight or smoking. Follow-up times: 3 MO, 6 MO
		2	Education (Hospitalization) Exercise program (Hospitalization) Exercise program (Office visit) Exercise program (Self-delivery) Feedback (Office visit) n Entered: 88 n Analyzed: 68	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes No n/a	
		3	Counseling/therapy (One-on-one) Education (Group meeting) Education (Hospitalization) Education (Reading material) Education (Self-delivery) Education (Video/audio tapes) Exercise program (Hospitalization) Exercise program (Office visit) Feedback (Office visit) n Entered: 86 n Analyzed: 62	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes n/a	

N/A = Not Available or Not Applicable
NOS = Not Otherwise Specified
* Unless otherwise specified, Mean (Standard Deviation) reported.

Evidence Table 3: Post-Myocardial Infarction Care (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Stern MJ, 1983 (#2377)	Myocardial infarction (Unspecified) RCT Jadad Score: 1 Diagnostic criteria: n/a Comorbidities: Hypertension and tobacco abuse	1	Usual Care (n/a) n Entered: 29 n Analyzed: 9	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Death at 12 months: Arm 1 = 1 death Arm 2 = 0 deaths Arm 3 = 0 deaths Return to work (% who returned who hadn't returned by baseline) at 12 months: Arm 1 = 0% of 5 eligible subjects Arm 2 = 60% of 5 eligible subjects Arm 3 = 33.3% of 9 eligible subjects Follow-up times: 3 MO, 6 MO, 1 YR
		2	Exercise program (Group meeting) n Entered: 42 n Analyzed: 9	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No No No	
		3	Counseling/therapy (Group meeting) n Entered: 35 n Analyzed: 9	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
Turner L, 1995 (#887)	Myocardial infarction (Unspecified) RCT Jadad Score: 1 Diagnostic criteria: MD Comorbidities: Hypertension, tobacco abuse, and CABG and high cholesterol	1	Usual Care (n/a) n Entered: 15 n Analyzed: 6	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Excluded from meta-analysis as no relevant outcome. Subjective distress decreased in the stress management group (arm 2) as compared to the usual care group (arm 1). This study lacked significant statistical power to detect potentially meaningful between-group differences. Follow-up times: n/a
		2	Cognitive-behavioral (Group meeting) Reminders (Group meeting) n Entered: 30 n Analyzed: 18	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes Yes Yes No	

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Evidence Table 4: Hypertension

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Blumenthal JA, 1991 (#752)	Hypertension (Essential, Systolic and Diastolic, Treated and Untreated) RCT Jadad Score: 1 Diagnostic criteria: MD and blood pressure recordings Comorbidities: n/a	1	Usual Care (n/a) n Entered: 23 n Analyzed: 31	Tailored: n/a Group Setting: n/a Feedback: n/a Psychological: n/a Primary MD: n/a		Diastolic BP (mmHg) at 16 weeks: Arm 1 = 90 (6.2) Arm 2 = 89 (6.8) Arm 3 = 89 (6.4) Systolic BP (mmHg) at 16 weeks: Arm 1 = 133 (8.6) Arm 2 = 133 (10.4) Arm 3 = 136 (11.6) Follow-up times: 16 WK
		2	Dietary monitoring (Self-delivery) Exercise program (Group meeting) n Entered: 41 n Analyzed: 31	Tailored: No Group Setting: Yes Feedback: No Psychological: No Primary MD: No		
		3	Dietary monitoring (Self-delivery) Exercise program (Group meeting) n Entered: 35 n Analyzed: 31	Tailored: No Group Setting: Yes Feedback: No Psychological: No Primary MD: No		
Given C, 1984 (#2309)	Hypertension (Systolic and diastolic, Treated, and Medication treatment) RCT Jadad Score: 1 Diagnostic criteria: MD and blood pressure recordings Comorbidities: n/a	1	Usual Care (n/a) n Entered: n/a n Analyzed: 62	Tailored: n/a Group Setting: n/a Feedback: n/a Psychological: n/a Primary MD: n/a		Diastolic BP (mmHg) at 24 weeks: Arm 1 = 91.4 (5.6) Arm 2 = 87.1 (7.1) Systolic BP (mmHg) at 24 weeks: Arm 1 = 138.0 (8.9) Arm 2 = 135.1 (12.9) Follow-up times: 6 MO
		2	Cognitive-behavioral (One-on-one) Cognitive-behavioral (Prescription) Education (Instructional manuals) Education (One-on-one) Feedback (One-on-one) n Entered: n/a n Analyzed: 62	Tailored: Yes Group Setting: No Feedback: Yes Psychological: Yes Primary MD: No		

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Goldstein IB, 1982 (#2466)	Hypertension (Essential, Systolic and Diastolic, Treated and Untreated) RCT Jadad Score: 1 Diagnostic criteria: Blood pressure recordings Comorbidities: Tobacco abuse	1	Control (n/a) Blood pressure monitoring (Self-delivery) Self monitoring (Self-delivery) n Entered: 9 n Analyzed: 9	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Diastolic BP (mmHg) at 8 weeks: Arm 1 = 98.8 (6.7) Arm 2 = 92.6 (6.7) Arm 3 = 100.6 (6.7) Arm 4 = 92.9 (6.7) Systolic BP (mmHg) at 8 weeks: Arm 1 = 144.7 (12.4) Arm 2 = 129.4 (12.4) Arm 3 = 152.3 (12.4) Arm 4 = 145 (12.4) Follow-up times: 2 WK, 4 WK, 6 WK, 8 WK, 3 MO, 4 MO, 5 MO
		2	Blood pressure monitoring (Self-delivery) Medication therapy (n/a) Self monitoring (Self-delivery) n Entered: 9 n Analyzed: 9	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No No No	
		3	Blood pressure monitoring (Self-delivery) Cognitive-behavioral (n/a) Self monitoring (Self-delivery) n Entered: 9 n Analyzed: 9	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No No No Yes No	
		4	Blood pressure monitoring (Self-delivery) Nontraditional therapies (One-on-one) Self monitoring (Self-delivery) n Entered: 9 n Analyzed: 9	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No No No	

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Hafner RJ, 1982 (#2467)	Hypertension (Essential, Systolic and Diastolic, Treated) RCT Jadad Score: 1 Diagnostic criteria: MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: 8 n Analyzed: 7	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Diastolic BP (mmHg) at 20 weeks: Arm 1 = 96.3 (6.7) Arm 2 = 88.2 (6.7) Arm 3 = 91.9 (6.7) Systolic BP (mmHg) at 20 weeks: Arm 1 = 150.5 (12.4) Arm 2 = 132.9 (12.4) Arm 3 = 139.2 (12.4) Follow-up times: 8 WK, 3 MO, 5 MO
		2	Cognitive-behavioral (Group meeting) Cognitive-behavioral (Self-delivery) n Entered: 8 n Analyzed: 7	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
		3	Cognitive-behavioral (Group meeting) Cognitive-behavioral (Self-delivery) Nontraditional therapies (Group meeting) n Entered: 8 n Analyzed: 7	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Hoelscher TJ, 1986 (#2457)	Hypertension (Essential, Systolic and Diastolic, Treated and Untreated) RCT Jadad Score: 1 Diagnostic criteria: Blood pressure recordings Comorbidities: n/a	1	Usual Care (n/a) n Entered: 14 n Analyzed: 12	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Diastolic BP (mmHg) at 9-10 week: Arm 1 = 95.6 (6.7) Arm 2 = 91.6 (9.0) Arm 3 = 89.5 (6.9) Arm 4 = 87.5 (5.9)
		2	Cognitive-behavioral (One-on-one) Feedback (One-on-one) Practice self care skills (Self-delivery) Psychological assessment/care (One-on-one) n Entered: 12 n Analyzed: 12	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	Systolic BP (mmHg) at 9-10 week: Arm 1 = 146.9 (18.4) Arm 2 = 138.1 (13.6) Arm 3 = 135.7 (9.4) Arm 4 = 140.3 (10.6) Follow-up times: 6 WK, 9 WK
		3	Feedback (One-on-one) Practice self care skills (Self-delivery) Psychological assessment/care (Group meeting) n Entered: 12 n Analyzed: 12	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	
		4	Contracts (Group meeting) Contracts (Telephone) Feedback (One-on-one) Practice self care skills (Self-delivery) Psychological assessment/care (Group meeting) n Entered: 12 n Analyzed: 12	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Irvine MJ, 1986 (#2458)	Hypertension (Diastolic, Treated and untreated, Medication treatment) RCT Jadad Score: 1 Diagnostic criteria: Blood pressure recordings Comorbidities: n/a	1	Control (n/a) Education (One-on-one) Exercise program (One-on-one) Nontraditional therapies (One-on-one) n Entered: 16 n Analyzed: n/a	Tailored: n/a Group Setting: n/a Feedback: n/a Psychological: n/a Primary MD: n/a		Excluded from meta-analysis as no usual care or comparable control group. At 6-month follow up, significantly greater decreases were seen for both systolic BP and diastolic BP in the relaxation arm (arm 2) compared with control arm (arm 1) (p<0.01, p<0.05, respectively).
		2	Cognitive-behavioral (One-on-one) Education (One-on-one) Nontraditional therapies (One-on-one) n Entered: 16 n Analyzed: n/a	Tailored: Yes Group Setting: No Feedback: No Psychological: Yes Primary MD: n/a		Follow-up times: 10 WK, 22 WK
Jacob RG, 1985 (#2459)	Hypertension (Systolic and diastolic, Untreated, No medication treatment) RCT Jadad Score: 1 Diagnostic criteria: Blood pressure recordings Comorbidities: Obesity and cholesterol	1	Usual Care (n/a) n Entered: 28 n Analyzed: 30	Tailored: n/a Group Setting: n/a Feedback: n/a Psychological: n/a Primary MD: n/a		Diastolic BP (mmHg) at 24 weeks: Arm 1 = 85.5 (6.7) Arm 2 = 85.6 (6.7) Systolic BP (mmHg) at 24 weeks: Arm 1 = 138.4 (12.4) Arm 2 = 137.4 (12.4) Follow-up times: 2 MO, 6 MO, 7 MO, 1 YR
		2	Cognitive-behavioral (Group meeting) Cognitive-behavioral (Video/audio tapes) Dietary monitoring (Self-delivery) Education (Group meeting) Financial incentives (Group meeting) Practice self care skills (Self-delivery) Reminders (Group meeting) n Entered: 29 n Analyzed: 30	Tailored: Yes Group Setting: Yes Feedback: Yes Psychological: Yes Primary MD: No		

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Jorgensen RS, 1981 (#2452)	Hypertension (Essential, Treated, and Medication treatment) RCT Jadad Score: 1 Diagnostic criteria: MD Comorbidities: n/a	1	Usual Care (n/a) n Entered: 8 n Analyzed: 8	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Diastolic BP (mmHg) at 12 weeks: Arm 1 = 85.4 (6.7) Arm 2 = 69.5 (6.7) Systolic BP (mmHg) at 12 weeks: Arm 1 = 137.8 (12.4) Arm 2 = 110.8 (12.4) Follow-up times: 6 WK
		2	Cognitive-behavioral (Group meeting) Cognitive-behavioral (Video/audio tapes) Feedback (Group meeting) Follow up (Group meeting) Practice self care skills (Group meeting) n Entered: 10 n Analyzed: 8	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Kostis JB, 1992 (#2472)	Hypertension (Essential, Systolic and Diastolic, Treated and Untreated) RCT Jadad Score: 2 Diagnostic criteria: Blood pressure recordings Comorbidities: n/a	1	Control (n/a) Placebo medication (n/a) n Entered: 26 n Analyzed: 33	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Diastolic BP (mmHg) at 12 weeks: Arm 1 = 100.9 (6.7) Arm 2 = 90.7 (6.7) Arm 3 = 92.7 (6.7) Systolic BP (mmHg) at 12 weeks: Arm 1 = 162.1 (12.4) Arm 2 = 152.6 (12.4) Arm 3 = 149.9 (12.4) Follow-up times: 3 MO
		2	Blood pressure lowering medication (n/a) n Entered: 28 n Analyzed: 33	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No No No	
		3	Cognitive-behavioral (Group meeting) Dietary monitoring (Self-delivery) Education (Group meeting) Exercise program (Self-delivery) Goal setting (Group meeting) Social support (Group meeting) n Entered: 38 n Analyzed: 33	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes Yes No	

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Lagrone R, 1988 (#2460)	Hypertension (Essential, Systolic and Diastolic, Treated) RCT Jadad Score: 1 Diagnostic criteria: Blood pressure recordings Comorbidities: Obesity	1	Usual Care (n/a) n Entered: n/a n Analyzed: 10	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Diastolic BP (mmHg) at 8 weeks: Arm 1 = 94.6 (6.7) Arm 2 = 84.9 (6.7) Arm 3 = 86.9 (6.7) Systolic BP (mmHg) at 8 weeks: Arm 1 = 136.1 (12.4) Arm 2 = 126.1 (12.4) Arm 3 = 134.5 (12.4) Follow-up times: 2 WK, 10 WK
		2	Dietary monitoring (Self-delivery) Education (Group meeting) Exercise program (Self-delivery) n Entered: n/a n Analyzed: 10	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes No No No	
		3	Cognitive-behavioral (Group meeting) Dietary monitoring (Self-delivery) Education (Group meeting) Exercise program (Self-delivery) n Entered: n/a n Analyzed: 10	Tailored: Group Setting: Feedback: Psychological: Primary MD:	No Yes No Yes No	
Leveille SG, 1998 (#1175)	Hypertension (Not specified) RCT Jadad Score: 2 Diagnostic criteria: n/a Comorbidities: Heart disease, DM, arthritis, tobacco abuse, and cancer and stroke	1	Usual Care (n/a) n Entered: 100 n Analyzed: 93	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	The intervention group (arm 2) had fewer disability days and less self-reported functional decline but there were no differences based on physical performance tests when compared with the usual care group (arm 1). The number of inpatient days was significantly less for intervention subjects (33 days versus 116 days for usual care group, p=0.049). Intervention subjects also had greater physical activity (p=0.03) and less psychoactive medication use (p=0.04) than usual care group.
		2	Education (Group meeting) Education (Instructional manuals) Education (Reading material) Follow up (One-on-one) Follow up (Telephone) Goal setting (One-on-one) n Entered: 101 n Analyzed: 95	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes Yes No No	

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Morisky DE, 1983 (#2304)	Hypertension (Systolic and diastolic) RCT Jadad Score: 1 Diagnostic criteria: MD and blood pressure recordings Comorbidities: Heart disease, kidney disease, DM, and CHF	1	Usual Care (n/a) n Entered: 50 n Analyzed: 30	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Insufficient statistics for meta-analysis. Study subjects assigned to any of the experimental groups had a 30% improvement in blood pressure control at 2 years and a 70% improvement at 5 years compared to 22% for the usual care group with no difference in weight control or compliance in appointments. There was a 57% reduction in the 5-year all-cause mortality for intervention subjects compared to those receiving usual care ($p<0.05$). Follow-up times: 2 YR, 5 YR
		2	Counseling/therapy (One-on-one) n Entered: 50 n Analyzed: 35	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes No	
		3	Education (One-on-one) n Entered: 50 n Analyzed: 36	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No No No	
		4	Cognitive-behavioral (Group meeting) n Entered: 50 n Analyzed: 32	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
		5	Counseling/therapy (One-on-one) Education (One-on-one) n Entered: 50 n Analyzed: 43	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes No	
		6	Cognitive-behavioral (Group meeting) Counseling/therapy (One-on-one) n Entered: 50 n Analyzed: 36	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Morisky DE, 1983 (#2304) continued		7	Cognitive-behavioral (Group meeting) Education (One-on-one) n Entered: 50 n Analyzed: 36	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
		8	Cognitive-behavioral (Group meeting) Counseling/therapy (One-on-one) Education (One-on-one) n Entered: 50 n Analyzed: 42	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes Yes No Yes No	
Southam MA, 1982 (#2453)	Hypertension (Essential, Systolic and Diastolic, Treated) RCT Jadad Score: 2 Diagnostic criteria: MD and blood pressure recordings Comorbidities: Tobacco abuse	1	Usual Care (n/a) n Entered: 23 n Analyzed: 16	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Diastolic BP (mmHg) at 24 weeks: Arm 1 = 90.8 (6.7) Arm 2 = 85.8 (6.7) Systolic BP (mmHg) at 24 weeks: Arm 1 = 141.3 (12.4) Arm 2 = 137.0 (12.4) Follow-up times: 9 WK, 6 MO
		2	Cognitive-behavioral (One-on-one) Cognitive-behavioral (Video/audio tapes) n Entered: 19 n Analyzed: 16	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No No Yes No	

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Evidence Table 4: Hypertension (con't)

First Author Year (ID)	Condition (Type) Study Design Quality Population Characteristics	Arm	Intervention Sample Size	Intervention Characteristics		Meta-Analysis Data* or Outcomes Follow-up Time(s)
Taylor CB, 1977 (#2464)	Hypertension (Essential, Systolic and Diastolic, Treated) RCT Jadad Score: 2 Diagnostic criteria: Blood pressure recordings and Routine hypertension workup Comorbidities: n/a	1	Control (n/a) Practice methods (Protocols) n Entered: 14 n Analyzed: 10	Tailored: Group Setting: Feedback: Psychological: Primary MD:	n/a n/a n/a n/a n/a	Diastolic BP (mmHg) at 24 weeks: Arm 1 = 94.5 (6.7) Arm 2 = 88.5 (6.7) Arm 3 = 90.0 (6.7) Systolic BP (mmHg) at 24 weeks: Arm 1 = 138.0 (12.4) Arm 2 = 137.0 (12.4) Arm 3 = 137.8 (12.4) Follow-up times: 8 WK, 6 MO
		2	Counseling/therapy (One-on-one) Feedback (One-on-one) Practice methods (Protocols) n Entered: 13 n Analyzed: 10	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	
		3	Cognitive-behavioral (One-on-one) Cognitive-behavioral (Video/audio tapes) Feedback (One-on-one) Practice methods (Protocols) n Entered: 13 n Analyzed: 10	Tailored: Group Setting: Feedback: Psychological: Primary MD:	Yes No Yes Yes No	

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Evidence Table 5. Cost Articles

Article number	Author/ Year	Subjects (S), Follow-up period (F/U), Research design (D) and settings (ST)	Interventions	Costs of intervention	Effectiveness	Health care costs or utilizations	C/E Ratings
Diabetes							
2270	Rettig et al., 1986	S : 393 type1 and type 2 diabetic patients recruited from among diabetic inpatients (mean = 52, 67% female) F/U: 6 and 12 months D: RCT ST: Patient home	I: Needs assessment and tailored individual instruction at patient home by a trained RN or LPN from home health nursing agencies. C: Usual care	Not reported, but involving 4-day intensive course in diabetes self-care for participating nurses, and several home visits (no more than 12 for each individual).	At 6 months, intervention subjects showed significantly greater self-care knowledge and skills than control, although the actual differences in self-care skills were probably too small to have any practical meaning. No differences between the groups were noted after 12 mo of F/U.	At 6 and 12 months, no difference was found between control and intervention subjects in terms of diabetes-related hospitalizations, length of hospital stay, foot problems, emergency room and physician visits, and sick days.	Not cost-effective.
2159	Wood, 1989	S: 93 hospitalized patients with type 1 or 2 diabetes, age 20 to 75 years old (mean 60, 53% female). F/U: 1 mo, and 4 months. D: RCT ST: Hospital	I: Inpatient group education program which stressed both knowledge and self-help behaviors. C: Usual care	Not reported, but each patient attended two days of 2-hour education program, with an average attendance of four to six patients. The 1st session was taught by a nurse educator, and the 2nd by a registered dietitian and a community health nurse.	Based on self-report. At 4 month f/u, all respondents reported a decline in performing self-care behaviors in comparison with the 1-month f/u. Compliance was lower for the control group. Intervention group showed significantly better compliance than control in regards to exercise, diet, administering insulin, and better outcome measures relating to improved metabolic control and significant reduction in blood sugar levels.	The intervention group experienced a significantly lower emergency room visitation rate ($p < .005$): At 4 months, the 40 control patients reported 20 ER visits, and the 53 intervention patients reported 2 ER visits. The control patients reported 18 hospital readmission, and the intervention patients reported 8 hospital readmission.	Likely to be cost-savings.
2589	de Weerdt et al., 1991	S : 558 insulin-treated diabetic patients age 18-65 years old (mean = 45) F/U : 6 months D: RCT ST: 15 hospitals in	I: 1) Collaborative group education led by health-care worker (HCW), 2) Same education led by fellow patients C: Usual care	Direct costs of the education program (including the costs of employing the educators) and indirect costs (costs of the hours spent by	No significant effect of education program on metabolic control or quality of life.	No significant effect of education program on costs of using health services (although the experimental groups showed a trend to a decrease in the length of	Not cost-effective. Possible reasons include the quality of the education

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Evidence Table 5: Cost Articles (con't)

		Netherlands (5 for control)		the participants in attending the education) together equal to US$100 per patient (1990 dollar). Adding the cost of developing educational materials make the per-patient cost to US$144 (1990 dollar). No difference between I1 and I2.		hospitalization, but it was not significant). Almost equal changes in the number of visits to the physician and GP were found. No significant difference in the daily insulin dosage and number of injections were found between groups. Compared with the control group, frequency of self-blood glucose monitoring increased significantly in both experimental groups. No significant effect of education on the number of sick days was found.	program, and the lack of supportive changes in standard therapy and follow-up of the education given.
2175	Kaplan et al., 1987	S : 76 volunteer adults with type 2 diabetes (44 women), mean age = 55. F/U: 3, 6, 12, and 18 months. D: RCT ST: Community	I: Behavioral-based group intervention. Each participant was assigned to one of the three 10-week programs: 1) diet, 2) exercise, 3) diet plus exercise. C: 10-week programs of group education.	Direct cost for diet and exercise combined program is estimated to be $1000 (1986 dollar) per participant (including charges for history and physical, lab work, sessions, and medical consultations). This is non-incremental cost.	70/76 completed follow-up study. At 18 months, the combination diet-and-exercise group had achieved the greatest reductions in glycosylated hemoglobin measures. In addition, this group showed significant improvements on a general quality of life measure, equal to 0.092 incremental years of well-being for each participant compared to control.	N/A.	Authors reported cost/utility = $10870/well year. However, cost is not calculated incrementally (if so, the C/U rate would be more favorable).
0749	Arsennau et al., 1994	S : 40 patients (mean = 59) attending diabetes education program F/U: 2 and 5 months D: RCT ST : Hospital	I : Individualized learning activity packages (LAP) C: Classroom instruction	Instruction at the hospital costs $31 per hour (1995 dollar), The three LAPs were developed to require 3.5 hours of instructional time. Thus using LAPs could save individuals	At the 5-month f/u, the LAP group scored significantly higher on knowledge assessment and decreased percent of ideal body weight. Patients who received classroom instruction exhibited significantly decreased glycosylated	Not studied.	LAPs could provide a cheaper means of edu., but less effectiveness in lowering blood glucose levels than

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Evidence Table 5: Cost Articles (con't)

				$108.50 in instructional fees.	hemoglobin levels.		classroom edu.
2586	Campbell et al., 1996	S : 238 type 2 DM patients, 80 years or younger (mean = 58, 51% female) without previous formal instruction in diabetes care. F/U: 3, 6, and 12 months D: RCT ST: Patients were referred to a Diabetes Education Service for education programs. Behavioral program was conducted in patient home.	I: Comparing relative effectiveness of the following programs: 1) minimal instruction program, 2) education program of individual visits, 3) education program incorporating a group education course, 4) behavioral program. (Note: 2) and 3) are standard care.)	Not reported, but involving 1) two 1-hour sessions, 2) two initial sessions, and 30 minuets monthly session for 1 year, 3) at least two individual sessions and a 3-day small group education course, as well as two-hour group follow-ups at 3 & 9 months, 4) 6 or more individual visits from a nurse educator	Individual and group education programs had higher attrition rates (40%) than the behavioral and minimal programs (10%). No different outcomes were found between groups in terms of physiological measures and BMI, except for behavioral program produced a greater reduction in diastolic blood pressure over 12 mos and a greater reduction in the cholesterol risk ratio over 3 mos. The behavioral program patients reported higher satisfaction.	There were no differences between groups over three time periods in proportion of patients consulting an ophthapmologist. The behavioral program patients were more likely to have visited a podiatrist after 6 months. The groups did not differ in terms of a mean number of visits they had made to a general practitioner , in hospital admissions, or in the proportion who had changed the intensity of their blood pressure treatment.	Programs that are more intensive in terms of patient time and resources may not be more effective, and thus be less cost-effective.
3433	Glasgow et al., 1997	S : 206 diabetic patients 40 years and older (mean age = 62, 62% female) F/U: 12 months D: RCT ST: Outpatient clinics	I: Individualized, medical office-based intervention focused on dietary self-management, involved touch screen computer-assisted assessment that provided feedback on key barriers to dietary self-management, goal setting and problem-solving counseling. Follow-up components included phone calls and videotape intervention relevant to each participant. C: Usual care	From the perspective of a health care organization, the incremental cost for the delivery of the intervention totaled $14,755, or $137 per participant (1995 dollars).	The intervention produced significantly greater improvement than usual care on multiple measures of change in dietary behavior (e.g., covariate adjusted difference of 2.2% of calories from fat; p =0.023) and on serum cholesterol levels (covariate adjusted difference of 15mg/dl; p = 0.002) at 12-month follow-up. There were also signicicant differences favoring intervention on patient satisfaction ($p < 0.02$). No significant improvement on either HbA1c or on BMI.	Not studied.	$7-$8 per mg/dl reduction in cholesterol compare well to estimates of alternative intervention including cholesterol lowering medications, which can cost from $350 to $1400 per patient year.
1668	Sadur et	S : 185 patients of a	I: Multidisciplinary	Not reported, but may	After the intervention, HbA1c	Intervention group	For patients

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	al., 1999	HMO aged 16-75 (mean = 56, 43% female) and had either poor glycemic control or no HbA1c test performed during the previous year F/U : 6 and 12 months after randomization D: RCT ST: Outpatient clinic	outpatient diabetes care management delivered by a diabetes nurse educator, a psychologist, a nutritionist, and a pharmacist in cluster visit settings of 10-18 patients/month for 6 months. C: Usual care	not be more costly than usual care since 3 providers saw 12-18 patients for a 2-hour session monthly (somewhat higher number of patients than these same providers would see in one-on-one sessions during the same 2 hour), and modestly reduced physician visits.	levels declined significantly in the intervention subjects compared to control subjects. Several self-care practices and several measures of self-efficacy improved significantly in the intervention group. Satisfaction with the program was high. Limitation: Failure to obtain follow-up HbA1c levels and questionnaires on 16% and 25% of subjects respectively.	patients had somewhat higher ambulatory care utilization and more intensive pharmaceutical management than control subjects during the 6-month intervention. This excess utilization was offset by fewer hospital admissions after the intervention. Both hospital and outpatient utilization were significantly lower for intervention subjects after the end of the program.	who had poor diabetic management, providing this intensive management program may be cost neutral in the short term (< 2 years).
0828	Litzelman et al., 1993	S : 395 patients with type 2 DM who underwent the initial patient risk assessment (352 completed the study) (mean age = 60, 81% female, most subjects are poorly educated and indigent black women) F/U : Completion of intervention (12 month from initial assessment) D: RCT ST: Academic outpatient clinic	I: Multifaceted, including 1) patient education and behavioral contract about foot-care, and also reinforcement reminders, 2) health care system support of identifiers on patient folders to prompt providers, 3) given providers practice guidelines and informational flow sheets on foot-related risk factors for amputation. C: Usual care	The study materials, including folders, foot decals, postage, printing, and educational materials, cost less than $5000. The major expense of the study was the salary support for the nurse-clinicians who did the assessments and for the research assistant who processed the charts.	Patients receiving the intervention were less likely than control patients to have serious foot lesions (odds ratio 0.41, p = 0.05) and other dermatological abnormalities. Also they were more likely to report appropriate self-foot-care behaviors, to have foot examinations during office visits (68% vs. 28%, p < 0.001), and to receive foot-care education from health care providers (42% vs. 18%, p < 0.001). Physicians assigned to intervention patients were more likely than physicians assigned to control patients to examine patients' feet.	At the end of the intervention, four amputations had been done in the control group compared with one in the intervention group. (Incidence rate is too small to test statistical significance). Physicians assigned to intervention patients were more likely than physicians assigned to control patients to refer patients to the podiatry clinic, but no difference in the pattern of patient referral to orthopedics and vascular surgery clinics.	Indicative cost-effective. Insufficient information about cost saving.
Osteoarthritis							
0830	Lorig et al., 1986	S : 100 subjects with arthritis. 85 completed study. Mean age = 64. 73% female. 73% had	I1 = An Arthritis Self-Management course (ASM) group taught by a male rheumatologist	The 12-hour course taught by 2 lay-leaders would cost from $0.00	Professional-taught groups demonstrated greater knowledge gain while lay-taught groups had greater	No significant difference in number of visits to physician at 4 months follow-up between groups	Lay-taught ASM course could be as effective as

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		OA. F/U: 4 months D: RCT ST: Community sites	and a female physical therapist. I2 = An ASM course group taught by 2 female lay-leaders. C: No intervention.	(volunteer) to $200 (1985 dollars). By one health professional, the course would cost from $240 ($20/h) to $600 ($50/h). The costs of training and support for lay-leaders were not accounted.	changes in relaxation than the other two groups. The subjects who received ASM course were more likely to exercise, and a tendency toward less disability than control subjects.	or change from baseline.	professional-taught yet cheaper. However, both failed to demonstrate reduction in number of physician visits.
0835	Lorig et al., 1985	S : 190 subjects with arthritis. Mean age = 67. 83% female. 77% had OA. F/U: 4 months RCT and 20 months longitudinal study. D: RCT + longitudinal study ST: Community sites	I: An Arthritis Self-Management course (ASM) given in 6 sessions by lay persons, based on a standardized educational protocol emphasizing group discussion, practice, the use of contracts and diaries to improve compliance, and weekly feedback. No subsequent reinforcement. (129 subjects) C: Delayed intervention for 4 months. (61 subjects)	$15 to $20 per participant. (1983 dollars).	At 4 months, experimental subjects significantly exceeded control subjects in knowledge, recommended behaviors, and in lessened pain. These changes remained significant at 20 months.	At 4 months, there was a tendency of decline in visits to physicians by the intervention group, but did not reach statistical significance at .05 level. The 20 months longitudinal study showed the number of physician visits reduced from baseline to 4-month f/u, and from 4 months to 8-months, and remained about the same from 8 months to 20 months. These changes did not reach statistical signiciance.	Indicative cost-effective. Insufficient information about cost saving.
	Mazzuca et al., 1999	S : 211 patients with knee OA from the general medicine clnic of a municipal hospital (Of which 25 lost to f/u). Mean age = 63. 85% female. F/U: 1 year D: CT (Nonrandomized Attention-controlled clinical trial)	I : Self-care education: Individualized instruction and follow-up emphasizing nonpharmacologic management of joint pain C: A standard public education presentation and attention-controlling follow-up.	The cost of deliverying the self-care education intervention to 105 subjects was $6,163 (in 1996 dollars), or equivalently, $58.70 per patient.	See health care costs or utilizations.	The 94 subjects remaining in intervention group made 528 primary care visits during the follow-up year, while the 92 controlled patients made 616 visits. The average subject in intervention group generated $262 in clinic costs, compared with $322 for the average	For more than 50% of patients receiving the intervention, the reduced outpatient visits and costs offset the intervention costs. 80% of

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		ST: Outpatient clinic				subject in control group. The frequencies and costs associated with charges for drugs, radiography, and laboratory tests were similar between groups.	the intervention costs was offset within one year due to reduced outpatient visits.
	Groessl & Cronan, 2000	S : 363 members of a HMO, 60 years of age and older with OA. Mean age = 70. F/U: 3 years D: RCT ST: Community	I1: Social support I2: Education I3: A combination of social support and education C: Usual care	$9450 for social support group, $18675 for education group, and $14175 for combination group, totaling $42300 (all in 1992 dollars).	Feelings of helplessness decreased in the intervention groups but not in the control group. All groups showed increases in self-efficacy and overall health status.	Health care costs increased less in the intervention groups than in the control group. Based on the HMO data, health care cost savings were $1,156/participant for year one and two, and $1,279/participant for year three (1992 dollars).	Cost effective and cost saving. The one-year cost-benefit ratio was $7.29:1. The three-year cost-benefit ratio was $22.05:1.
Hypertension							
2457	Hoelscher et al., 1986	S: 50 (24 female) adult average 51.1 years of age with essential hypertension recruited via media announcements. Secondary hypertension or with mean baseline blood pressures greater than 180 mm Hg systolic or 120 mm Hg diastolic were excluded. F/U: 6 weeks D: RCT ST: Patient home	I: 1) individualized relaxation (IR), 2) group relaxation (GR), 3) group relaxation plus contingency contracting for home practice (GRCC) C: Waiting list control	Measured by therapist time	Measured by percent reductions in systolic and diastolic blood pressure, and by eliciting home relaxation practice	Not measured.	GR was significantly more cost effective than IR for systolic, whereas both GR and GRCC were more cost effective than IR for diastolic blood pressure. For amount of relaxation practice, GR > GRCC > IR.
Post Myocardial Infarction Care							
2669	DeBusk et al., 1985	S: 198 men 70 years or younger, had had clinically uncomplicated AMI,	I1A: Medically directed at-home rehabilitation training for 23 weeks I1B: Medically directed	Three months of at-home rehabilitation was estimated to be approximately $328	Compared to the group rehabilitation, medically directed at-home rehabilitation had about	Not studied.	Medically directed at-home rehabilitation

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		mean age 52 ± 9 years. F/U: 26 weeks D: RCT ST: Patient home or community gymnasium	at-home training for 8 weeks I2A: Supervised group training in a gymnasium for 23 weeks I2A: Supervised group training in a gymnasium for 8 weeks I3: Exercise testing without subsequent exercise training C: Neither testing nor training	per patient (1982 or 1983 dollar). The group rehabilitation program was approximately $720.	equally high adherence to individually prescribed exercise, increase in functional capacity, and low nonfatal reinfarction and dropout rates. Compared to the no-training and control groups, the training groups were significantly greater in functional capacity, but not different in cardiac events.		has the potential to decrease the cost of rehabilitating low-risk survivors of AMI.
0827	Lewin et al., 1992	S: 176 male and female patients with an AMI and age less than 80 years (mean age = 55.8 ± 10.6 years) F/U: 1 year D: RCT ST: Patient home	I: A comprehensive self-help rehabilitation programme based on a heart manual Spouses were given materials to support and encourage compliance by patients. Included follow-up and feedback. C: Standard care plus a placebo package of information and informal counseling.	The authors estimated the cost of treatment per patient to be £30 - £50 (1990 dollar).	Psychological adjustment was better in the rehabilitation group at 1 year. The improvement was greatest among patients who were clinically anxious or depressed at discharge from hospital.	The two groups significantly differed in the number of GP consultations at six months and after the second six months; the control group made a mean of 1.8 more visits than did the rehabilitation group in the first 6 months, and a mean of 0.9 more visits in the subsequent 6 months. In addition, significantly more control patients than rehabilitation group patients were admitted to hospital in the first 6 months (18 vs. 6) but not at 12 months (18 vs. 9). Significantly fewer rehabilitation group patients were readmitted to hospital in the first 6 months (8% vs. 24%).	Based on physician self-report data for use of health services. Indicative cost-saving.
Non-disease-specific Programs							

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1175	Leveille et al., 1998	S: 201 chronically ill seniors aged 70 and older (mean age = 77.1 years) with heart disease, high blood pressure, arthritis, cancer, stroke, or diabetes. More % of female in intervention than in control (63.4% vs. 48.0%) F/U: 1 year D: RCT ST: A large senior center, in collaboration with primary care providers of MCOs.	I: A geriatric nurse practitioner (GNP) led multi-component program including risk factor and health assessment, feedback to PCPs, follow-up visits and phone contacts, physical activity for disability prevention, and individual counseling about disease self-management as well as group classes. C: Access to all senior center activities, but no GNP.	The authors estimated the program cost (primarily the salaries for the GNP and the social worker) to be approximately $300 (1997 dollar) annually per participant.	The intervention group showed less decline in function, as measured by disability days and lower scores on the Health Assessment Questionnaire. However, the measures by SF-36 and a battery of physical performance tests did not show difference by intervention. The intervention led to significantly higher levels of physical activity and senior center participation.	The number of hospitalized participants increased by 69% (from 13 to 22) among the controls and decreased by 38% (from 21 to 13) in the intervention group (p = .083). The total number of inpatient hospital days during the study year decreased by 72% in the intervention group but increased by 21% in the control group (p = .049). The 83 less hospital days in the intervention group yielded a savings of approximately $1200 per participant. Outpatient visits did not change in the intervention group but slightly increased in the control group. There were two less ER visits in the intervention group but 8 less ER visits in the control group.	Indicative cost saving, due to less hospital use.
1510	Coleman et al./1999	S: 169 patients aged 65 and older (mean = 77) with the highest risk for being hospitalized or experiencing functional decline F/U: 2 years D: RCT ST: Nine primary care physician offices in a large staff-model HMO	I: Chronic Care Clinics attempted to reorganize the delivery of primary care services to better meet the needs of older persons with chronic illness, including disease management planning, medication review, patient self-management/support group)	Not available.	After 24 months, no significant improvements in frequency of incontinence, proportion with falls, depression scores, physical function scores, or prescriptions of high risk medications were demonstrated. A higher proportion of intervention patients rated the overall quality of their medical care as excellent compared with	At baseline, intervention patients were more likely to be hospitalized. During the 24-month follow-up, costs of medical care including frequency of hospitalization, hospital days, emergency and ambulatory visit, and total costs of care were not significantly different between intervention and control groups.	Insufficient information (implied not cost saving).

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			C: Usual care		control patients (40% vs. 25%, p = 0.1)		
0608	Lorig et al., 1999	S: 952 patients 40 years and older (mean = 65) with heart disease, lung disease, stroke, or arthritis. F/U: 6 months D: RCT ST: Community-based sites (churches, senior and community centers, public libraries, & health care facilities)	I: Subjects received the Chronic Disease Self-Management Program (CDSMP), a community-based patient self-management education course. The content and methodology of the CDSMP were based on needs assessments. The process of teaching the course is based on Self-Efficacy Theory. The course was taught by a pair of trained, volunteer lay leaders. C: Waiting list control	The authors estimated the program cost to be approximately $70 (1998 dollar) per intervention participant. This includes $26 for training leaders, $14 for volunteer leader stipend, $15 for course materials, and $15 administrative costs. This analysis does not take into account the cost of space or indirect costs.	At 6 months, treatment subjects demonstrated improvements in weekly minutes of exercise, frequency of cognitive symptom management, communication with physicians, self-reported health, health distress, fatigue, disability, and social/role activities limitations, compared with control subjects. Program effects were similar across all four diagnostic subgroups.	Based on patient self-report, the treatment group reduced their physician visits slightly more, but not significantly, than did the control group. However, the decrease in the number of hospitalizations and in the length of hospital stays were significant at p <.05. Assuming a cost of $1000 per day of hospitalization, the 6-month health care costs for each control participant in this study were $820 greater than for each treatment subjects.	Cost-effective and indicative cost-saving (approximately a saving of $750 per participant, according to author estimates based on patient self-reported utilization data).

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